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ORIGINAL ARTICLES.

PRIMARY DIFFUSE ABSCESS OF THE BRAIN (?) APHASIA; DEATH.

BY WM. G. EGGLESTON, A.M., M.D.,

OF PHILADELPHIA, PA.

The term "diffuse abscess of the brain" is used in the above title for want of a better name. The nature of the lesion is explained in the report of the case.

Case.—On January 15, 1883, I was requested by my father, Dr. J. D. Eggleston, of Hampden Sidney College, Va., to visit P. H——, a German, æt. 54, who had been sick since November, 1882, but had not come under treatment until about December 20. There was nothing of importance in the history save malarial attacks; he had been under treatment for intermittents six months previously. No history of syphilis; so far as could be ascertained he had never suffered from headache except from the malarial attacks.

When he was first seen by the writer he complained of no pain; of nothing, in fact. His appetite was very small, sometimes eating nothing during the day. His wife had noticed that he was becoming more forgetful every day; he would apparently forget to eat his food when it was placed before him. It was only with great difficulty that he could be induced to say anything at all; on some days he would not utter a word, but would sit with folded hands, occasionally picking at the right ear, from which there was a bloody purulent discharge. The bowels were very constipated; the urine, on careful examination, showed no marked departure from the normal. The general appearance of the patient was that of a person suffering from the most profound melancholia. There were no other symptoms than those recorded here, even when the patient was seen by my father; indeed, there was even less reason to think that there was anything at all the matter.

A careful physical examination showed a painful spot below the free border of the ribs on the right side, about the junction of the tenth rib with its cartilage; too far to the right, as was thought, to be caused by gall-stones. From this pain, the extreme melancholia, and from the general obscurity of the case (and possibly, also, from a desire to make a diagnosis), I diagnosticated probable abscess of the liver, and wished to make an exploratory puncture; to this, however, my father was opposed, and the autopsy subsequently showed that he was correct. Within a day or two he began to pass his fæces and urine in bed, and at times to press his hand to his forehead, as though his head pained him. If a cloak was thrown over him, he would spend half an hour in arranging it, and after being satisfied with it in a certain position he would go over the whole matter again, until something else chanced to arrest his attention. But not many minutes would elapse before he would return to the arranging of the cloak or whatever was thrown over him as he lay in bed. The most persistent efforts failed to elicit a word from him at this time or afterward. Possibly he would recognize a person by a nod of the head, but for days before his death he did not utter a single word. This did not seem to arise from any paralysis of the muscles of articulation; there was no difficulty in swallowing fluids when they were introduced into his mouth.

There was no paralysis of the extremities until the day before his death, and then only slight paralysis of the arms and hands. There was no peculiarity of the temperature or pulse, except that the latter was very weak. For a day or two before his death he had several sinking spells; he would become cold, completely insensible, and almost pulseless, but would revive after vigorous rubbing and the application of stimulants, bottles of hot water, hot flannels, etc. On February 1 he fell into a completely comatose state, and died on the next day at 9 P.M.

Autopsy, February 3, fourteen and a half hours after death. The body was cold externally; cadaveric rigidity not well marked.

Cranial Cavity.— The amount of cerebro-spinal fluid was large; the vessels of the dura mater were distended with dark blood; the membranes were very adherent, and in some places it was necessary to use the handel of the scalpel to separate them. The only gross lesion noted on a careful examination was what was taken to be a diffuse abscess in the left hemisphere, posterior to the fissure of Sylvius, commencing about an inch below the surface, and extending downward to about the level of the left lateral ventricle. The perpendicular measurement was barely more than an inch and three-quarters; its lateral measurement, one and a-quarter by one and a-half inches. The color of the spot was a dirty yellow, and and the brain substance within was somewhat broken down. No clots, extravasations or thrombi could be found. There was no internal lesion of the petrous portion of the right temporal bone; this was carefully

sought for on account of the purulent discharge from the right ear during life.

The thoracic organs were not examined. The liver was of normal size, color and consistency. The gall-bladder was distended with thick, viscid bile, dark colored, and contained three large gall-stones, but which were lost before an examination was made. The ductus communis was almost entirely occluded. The kidneys were normal. On account of objections on the part of the family, no further examination was made.

Cerebral abscess, without any history of traumatism, inflammatory disease of the cranial bones, meningitis, rheumatism, cerebral tumor, syphilis or zymotic fever, not even of exposure to the rays of the sun, is a very rare occurrence. The only question in the mind of the writer is whether this can be termed a case of abscess. In the sense that an abscess is limited by a membrane, or sac, which encloses a certain quantity of pus, it was not an abscess. On account, therefore, of the difficulty in giving a more definite name to the gross lesion which was found, I have ventured to term it a diffuse abscess; there was no limiting membrane, or sac, but at the same time there was pus.

It was very clear that whatever caused the discharge from the right ear could not be in the most remote degree connected with the brain for lesion; for, not only were the brain lesion and the affected ear on different sides of the head, but there was nothing whatever on the inside of the cranial cavity to indicate that the ear lesion causing the discharge had extended beyond the middle ear; the appearance of the internal auditory meatus was perfectly normal.

Whence the brain lesion discovered originated, or how, it is impossible to say. There seems scarcely room for doubt, however, that the lesion found was directly responsible for the silence on the part of the patient. The spot of softening was situated in the white substance immediately underlying the first and second frontal convolutions; the white substance under the fissure of Rolando, and the posterior extremity of the superior frontal convolution; a part of the corpus callosum, a portion of the caudate and lenticular nuclei, of the optic thalamus and of the internal capsule being also involved to some extent. I think that there can be no question that this lesion caused aphasia, which is the explanation of the persistent silence; but if the patient wished to speak and was unable, it is difficult to understand why he should not have communicated the fact in writing. It is difficult also to understand why there was no hemiplegia; there was some paralysis late in the course of the disease, but there should have been a considerable degree of right hemiplegia. The tongue of the patient did not even deviate when it was last put out, two days and a half before death. Altogether, this was a very curious and interesting and obscure case.

There is perhaps one important lesson which it enforces,—that melancholia is by no means a pathognomonic symptom of abscess of the liver. There are a few men who have a morbid desire to aspirate the liver of every man who has an attack of the blues; and it is seen that the writer wished to do the same in this case. The treatment used in this case has not been referred to because, so far as being of any benefit was concerned, it amounted to nothing. Indeed, with the exception of means taken to relieve the constipation, and to mitigate the discharge from the ear, very little medicine was given.

In giving the above history I omitted to state that a few days before the patient's death he passed quite a large quantity of pus (about a pint,—possibly not quite so much) *per anum*, which still further confirmed my belief that there was an abscess of the liver, and that it had broken into the intestine. The limited autopsy threw no light on the question as to the locality in which this pus had formed; but it most certainly did not form in the region of the liver. And, furthermore, the patient gave no sign or symptom which led to a suspicion that pus was forming in the abdominal or pelvic cavity.

PEPSIN AND ITS PREPARATIONS.

BY J. J. CALDWELL, M.D.,

OF BALTIMORE, MD.

The study of special gastric and intestinal diseases makes it desirable to look for preventive, as well as curative agents. My purpose in this paper is to call attention to such articles as experiments have proved preventive of diseases of the digestive organs in very many cases. The inroads of irritation of simple catarrh of the mucous membrane of the stomach, and irritation of the mucous membrane from effects of sour milk, gravies and starch compounds in young children may be prevented in very many cases, and life often saved, by a close attention to diet.

Pepsin, the most powerful adjunct in digestion, and from which so much benefit is gained by its use as a preventive medicine, is manufactured by very many pharmacists, each claiming a superiority over their rivals in some special degree. I can only refer to such as have given evidence of merit in my practice.

Messrs. W. H. Schieffelin & Co., of New York, have a formula for pepsin with bismuth and strychnine in soluble gelatine pills, which I have found of great value in gastric troubles. It fulfils more indications in stomachic disorders than any other pepsin with which I am acquainted. This firm also prepares a very worthy saccharated pepsin, which readily dissolves fifty times its own weight of freshly coagulated egg-albumen; and a convenient and efficient solution of liquid pepsin, one-half ounce of which dissolves 100 grs. of coagulated albumen; and their pure pepsin, one grain of which dissolves 300 grs. of egg-albumen.

Messrs. Fairchilds Bros. & Foster, of New York, manufacture an article known as peptogenic milk powder, which is designed to supply the daily food of a nursing infant, as a physiological substitute for mother's milk. This preparation is free from any starch, malt sugar or cane sugar. In this preparation the digestive ferment, trypsin, the analogue of pepsin, is the agent utilized to effect a much desired change in the caseine by which it becomes similar in

constitution to the albuminoids of woman's milk. It also supplies essential components necessary to adjust the prepared milk to the quantitative composition of human milk. This humanized milk gives, in the stomach or with acids, the minute soft flocculi characteristic of human milk, in striking contrast to the large masses of curd formed by cow's milk.

Prof. Albert R. Leeds, a recognized authority on the subject of infant's foods and the analysis of human milk, states that the Peptogenic Milk Powder has "been found to yield a humanized milk which in taste, physical characters and chemical constitution approaches very closely to woman's milk."

We have the analysis given by Prof. Leeds of eighty samples of woman's milk, and of humanized milk as yielded by the Peptogenic Powder, viz.:

	Minimum.	Maximum.	Average.	Humanized Milk.
Water	83.21	89.08	86.73	86.02
Fat	2.11	6.89	4.13	4.5
Milk sugar	5.40	7.92	6.94	7.0
Albuminoids	.85	4.86	2.00	2.0
Ash (salts)	.13	.37	.20	0.3

Directions.—Put an even full measure (each can contains a measure for the Milk Powder) of the powder in a tin cup and mix with four tablespoonfuls of water, four tablespoonfuls of fresh milk and one tablespoonful of cream. Heat over a brisk flame for six minutes, stirring constantly with a spoon and tasting often, so that it shall not get too hot to be sipped. Now put into nursing bottle, and it is ready for feeding. If cream is not convenient, use one tablespoonful more of milk instead. Never allow the milk to become warmer than can be borne by the mouth; by so doing the vitality of the digestive principle of the Peptogenic Milk Powder is destroyed. *The powder should be kept tightly covered in a dry place.*

There is another preparation, manufactured by this firm, of pepsin in scales, thin, of yellowish color, and is entirely free from starch or sugar of milk, as well as other impurities. A single grain of this preparation dissolved in half a pint (8 oz.) of water, to which forty drops of hydrochloric acid are added, has been found capable of dissolving 1,000 grs. of coagulated albumen at 100° F. in the space of four hours. They have the pepsin in form of powder and in scales. It is very beneficial as an aid to the digestive process.

In my experiments with this article, I boiled an egg about five minutes and mashed it finely. Then to one grain of the pepsin scales I added 8 oz. water and about forty drops of muriatic acid, which solution I found dissolved about 1,000 grs. of the coagulated albumen in 4 hours at a temperature of 100° F.

In cases in which I have administered the above remedies, I have found them to come up fully to the requirements of the case in digestive troubles. I believe the artificial milk (humanized) to be the best substitute yet offered for the natural supply, and indeed, in many cases, better than the mother's milk, especially when the question of health or taint is involved; and many times more safe than to trust the babe to a professional nurse.

It is very common to find acid, sour-smelling matters vomited from the stomachs of children, especially during the period of teething, when their digestion is feeble and the aptitude to diarrhœa great. Pepsin in any of its reliable forms will relieve this condition of the stomach in teething infants. Farquharson, in his work on Therapeutics, says: "Pepsin is the most important digestive element of the gastric juice, and more especially reduces the alluminoid and proteinaceous constituents of the food to a fit state for absorption"; and adds, "there can be no little doubt that many dyspeptic conditions in the diarrhœa of children and in some forms of spasmodic asthma, where the use o fpepsin seems to be attended with good results." He further adds that pepsin has been recommended as an addition to nutritious materials to insure some preliminary digestion. Nysten makes the word pepsin come from the Greek word to cleanse—to digest. He calls it the result of change of the nitrogeneous substances of the stomach walls.

A NOTE ON THE MANAGEMENT OF SHOULDER PRESENTATIONS.

BY E. F. WELLS, M.D.,

OF MINSTER, O.

I recently was called to see a woman, aged 44 years, three days in labor with her thirteenth child. She was a well formed woman and had passed through the period of her pregnancy to full term, with no symptoms of any importance. When I arrived I found the cord prolapsed and the left shoulder presenting at the pelvic brim. The os was fully dilated, and the amniotic fluid had long since drained away. The woman had become restless and irritable, was a little feverish and the vagina and os uteri were swollen, dry, hot and painful.

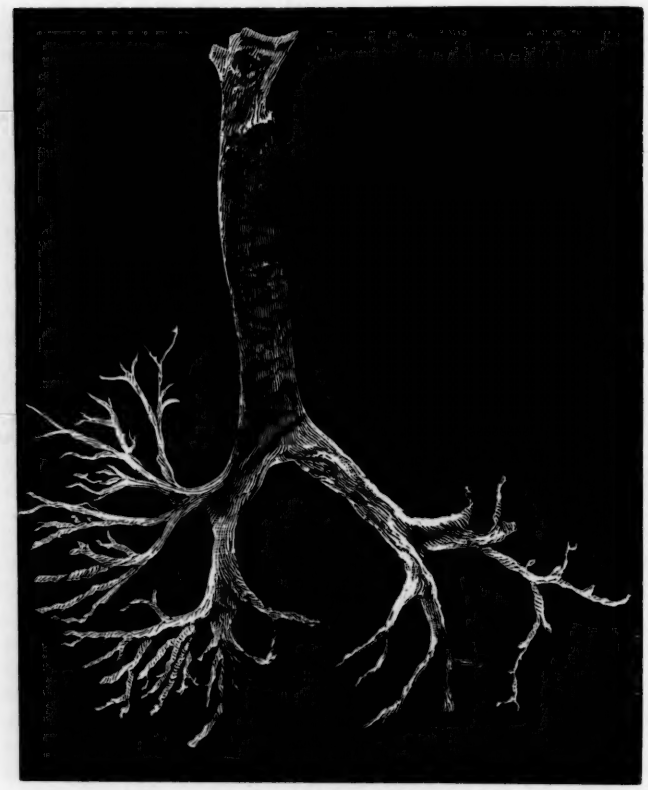
The cord was pulseless, but was warm and moist, and the midwife informed me that it had been pulsating only a short time before. I determined, therefore, to replace the cord before proceeding to turn, and to facilitate this I placed the patient in the knee-chest position. The cord was then easily replaced well up in the uterine cavity. In doing this I was astonished at the facility with which I passed my hand by, and the mobility of the previously firmly wedged-in shoulder; and pursuing the investigation further, I found that I could readily push up the shoulder and, by external manipulation, bring down the head, which was done. Maintaining the parts in this position, I directed the patient to rise upright on her knees, and I soon had the satisfaction of knowing that the pains were engaging the head in the superior strait. A dose of ergot was administered, the woman placed in a more comfortable position, and the labor was soon terminated in a natural manner, the child being dead. The mother recovered without any trouble whatever.

In this connection I wish to call attention to the old, but long neglected plan of placing the woman in the "knee-chest" position when about to perform version in cross presentations. In this position the operator has the aid of gravity in relieving the downward pressure upon the pelvic brim, thereby

facilitating the passage of the hand into the uterus and all the subsequent manipulations, and, I conceive, tending to prevent the unfortunate accident of rupture of the uterus. I feel confident, also, that cephalic version will be found perfectly feasible in many cases in which podalic version would be the only alternative with the woman in the ordinary position. Another advantage is, that the pains are much less powerful and effective when the uterus is suspended than when it is lying upon the spine and pelvis. I should very much like to see this method of dealing with these difficult cases given a fair and impartial trial by accoucheurs, and the results laid before the profession for future guidance.

DIPHTHERITIC CROUP: A PSEUDO-MEMBRANE COMPLETELY LINING THE LARYNX, TRACHEA AND LARGER BRONCHI.

Several months since DR. C. E. HOGEBOOM, of Eau Claire, Wis., sent us a beautiful photograph, life size, of a complete membranous mould of the larynx, trachea and some of the primary bronchi. It was expelled during a severe paroxysm of coughing by a girl 16 years of age, laboring under a severe attack of diphtheritic croup. The following cut correctly represents the photograph:



Reduced one-half.

It is seldom that the membrane, in this class of cases, extends so far downward in the bronchi, or is expelled in so complete a form. The relief following the expulsion of the membrane is reported to have been very great in the above case, but continued for only a few hours, when the dyspnœa again began to increase, and the case terminated fatally within the next twenty-four hours. In a case that came under our own observation several years since, in which a similar membrane of almost equal extent was expelled, the same results followed. Such cases also show why the operation of tracheotomy so frequently fails to afford more than a temporary relief of a few hours. EDITOR.

CASE OF UNION AFTER LOSS OF TWO INCHES OF THE TIBIA.

BY C. E. WEBSTER, M.D.,

OF CHICAGO, ILLINOIS.

The following report is prepared from the memoranda of Dr. M. F. Bassett, of Quincy, Ill.:

In the month of April, 1871, Peter Vahle, a mechanic, was injured in the leg by a fragment of a small iron cannon which exploded in the celebration of the surrender of Paris.

The physicians called found the fragment, which was of about two pounds weight, still clinging to the lacerated flesh and clothing. It had torn away a portion of the leg at about the junction of the middle and lower third of the tibia, destroying the continuity of this bone by the loss of two inches of its length. The fibula was uninjured, and a strip of flesh inclosing it and covered by its integument of about the width of three fingers, was all that remained of the soft parts. Hæmorrhage was not profuse. Immediate amputation was advised, which the patient refused; thus the case came into the hands of the family physician, Dr. M. F. Bassett, who essayed the apparently hopeless task of saving the limb. The patient, who was in good health at the time of the accident, and about thirty years of age, was removed to St. Mary's hospital. Dr. C. R. S. Curtis was called in consultation. Fragments of bone and foreign substance were removed from the wound, and it was left to the slow process of healing by granulation. It was frequently cleansed with at carbolic acid solution, and after several weeks it became apparent that the interval between the two fragments of the tibia was diminishing, after three months the ends were in contact. The lower portion projected forward, thus preventing the healing of the wound. The projecting point being cut away, cicatrization progressed, and in about four months after the injury the patient was discharged apparently with bony union and a healed wound.

On March 24, 1885, nearly fourteen years after the injury, the leg presents the following appearance:

A shortening of about three-fourths of an inch in the length of the leg from the knee to the heel as compared with its fellow. A large depression at the seat of

the wound, at the anterior aspect of which the nodular surface of new bone is plainly apparent both to the touch and eye. The fibula is markedly flexed, and the portions of the tibia are parallel with the fibula above and below the point of union, thus meeting at a slight angle. Most of the shortening is evidently due to this bending of the leg. The internal malleolus is slightly higher than normal; this also may be due to the leaning of the lower fragment over toward the fibula. The circulation in the foot is poor, as is evinced by its cyanosed appearance and coldness.

The patient can use the limb without any artificial support, but as it is likely to ache if fatigued, he employs as an external splint a simple rod of iron attached to the shoe and articulated opposite the ankle joint. It is impossible to detect any motion indicating fibrous union between the portions of the tibia, and the bending at this point can be wholly accounted for by the inability of the newly deposited bone to sustain the weight of the body. This case is of special interest as showing the condition of the parts at a period long after the injury. Cases are reported of the discharge of hospital patients who have recovered with slight shortening of the limb after similar injuries, but the case above cited is exceptional, both in the severity of the wound and in the final result.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

THE PHYSIOLOGY OF THE PHRENIC NERVES.—Up to the present time the phrenic nerves have been considered solely as motor nerves of the diaphragm. VON ANREP and CYBULSKI have demonstrated the presence in them of sensitive fibres. Their experiments have been made on rats, dogs and cats. The experimenters have cut the phrenic nerves, and, by exciting the central ends, they have produced changes in the respiration and circulation, and have produced painful sensations. A slight excitation accelerates the respiratory movements and increases their amplitude, but a strong or prolonged stimulation retards them. These results are not modified by section of the pneumogastrics. Stimulation of the central ends quickens the heart-beats and increases the arterial pressure, the line of ascent being vertical, and the line of descent, on the contrary, becoming more oblique and longer. These effects are not lasting, but they are reproduced whenever stimulation is recommenced. The same phenomena are observed in animals where the cardiac nerves have been cut in the neck. The observers put forth the hypothesis that this centripetal path, which is excited periodically by the contractions of the diaphragm, is intended to regulate the due proportion between the quantity of air and blood which may enter the lungs.—*Gazette Médicale de Nantes*, Feb. 9, 1885.

EXPERIMENTS TO DETERMINE THE ORIGIN OF THE RESPIRATORY SOUNDS.—MR. J. F. BULLAR has presented quite a lengthy and well illustrated paper on this subject to the Royal Society of London. By a very ingenious apparatus he utilizes the fresh lungs and tracheæ of sheep or calves, fixes them without compression in an air-tight chamber, surrounds them with water, and exerts pressure upon them by the aid of an artificial diaphragm attached to a bellows frame; this, with a suitable flexible stethoscope, he finds sufficient for the purpose. A pair of lungs is used, one lung lying in the artificial thorax, the other lies upon the top of the chamber collapsed, and is unaffected by the respiration going on in its fellow.

The sounds heard in the two lungs are quite different. Listening to the inner lung with the flexible stethoscope, the breathing sound is quite distinct, and resembles vesicular breathing, the expiratory being very faint compared with the inspiratory sound. Altering the size of the opening of the trachea does not sensibly affect the sound unless the narrowing be carried so far as to interfere with the entrance of air, when the sound becomes more feeble.

In the outer lung, in which the air is motionless, both inspiration and expiration are loud, the breathing is bronchial. The sound is loudest over the larger bronchial tubes, but it is quite distinct as far as the edges of the lungs. On compressing the bronchus leading to the lung the sound ceases to be heard. If the trachea be plugged while the inner lung is in a state of inspiration and the machine kept in motion, both lungs breathe, expiration and inspiration alternating in the two. The breathing sound in the outer lung now becomes "vesicular," changing to bronchial whenever the trachea is opened, and it ceases to breathe. The same result follows whether the trachea be left long or cut off and plugged close to the bifurcation. These experiments show that the vesicular murmur is not produced in the glottis or trachea alone, since it continues when the larynx and nearly the whole of the trachea are removed, and when the trachea being plugged and the lungs breathing from one to the other, there is no current of air through what is left of the trachea.

This apparatus further demonstrates: First, that the obstruction of a bronchus upsets the ratio normally existing between the rates of the air-current in the different parts of the respiratory tract. When a larger or smaller bronchus is obstructed, the cross sections of the bronchi and vesicles are more or less diminished, and the rate of the air-current in them proportionately increased, the rate in the trachea being unaffected by the obstruction as such. And, secondly, that when a bronchus is obstructed, a sound is produced by the air passing over its mouth. On compressing either of the bronchi, a marked increase of sound was heard over the trachea, the increase in the expiratory sound being the greatest. The explanation of this fact seems to be in the following: During both inspiration and expiration a sound is produced by the passage of the air over the mouth of the obstructed tube. During inspiration this is the only new sound produced, the air passing from the trachea to the bronchus, that is, from a larger to a smaller tube, but during expiration the air passes from the bronchus to the trachea—from a smaller to a

larger tube—which, as is well known, is a sufficient cause to produce a sound. Therefore during inspiration a cause for the production of *one*, and during expiration causes for the production of *two* new sounds are present. Mr. Bullar considers that these experiments illustrate the way in which bronchial breathing may be produced in extensive consolidation, and in any other conditions which give rise to a stasis of air in the bronchial tubes. *In such cases a new sound is produced at the junction of the obstructed with the unobstructed tubes. This sound does not exist in health.*

These experiments all go to prove that the respiratory sounds are produced at those parts of the respiratory tract where the air passes from a narrower to a wider space. Thus during inspiration one sound is produced at the glottis, and another at the points where the smallest bronchioles open into the vesicles. During expiration a sound is produced at the glottis only. The lung may be made to expand, when partially inflated and the bronchus tied to prevent the entrance of any current of air, when a slight current must enter the vesicles during expansion, but no sound is produced showing that the pulmonary sound is not due to the movements of the tissues of the lungs. Mr. Bullar's paper is published in the *Proceedings of the Royal Society*, Vol. xxxvii, No. 234.

MATERIA MEDICA AND THERAPEUTICS.

THE TREATMENT OF ACUTE PLEURISY WITH TARTAR EMETIC.—PROF. JACCOUD has pursued the plan of treating acute pleurisy with tartar emetic for a long time; the undoubted utility of this therapeutic agent was recently demonstrated by two clinical cases of acute pleurisy, one being markedly acute, the other symptomatic, both being cured with rapidity. It is particularly in cases of this kind, with abundant secretion forming rapidly, and with intense fever, that this only is applicable. In such cases, except from the severity of the dyspnœa, there is no indication for thoracentesis. In these cases digitalis, quinine or salicylic acid diminish the fever and relieve the general symptoms, but have no effect on the secretion, which remains stationary. The tartar emetic, administered according to certain rules, presents the triple action of an antipyretic, eliminator, and antiphlogistic. The history of one case will serve as an illustration for the others. This man took, on the first day of treatment, 40 centigrammes of tartar emetic, in a potion; he took a teaspoonful of this potion every hour, and had frequent vomiting and numerous stools. That evening the temperature was 38°, 5 C, the next morning 38°, 2 C, the following evening 39°, C. From that time the secretion, which had been increasing, seemed to diminish a little. A day passed, and, after an interval of two days, a second potion was given with the same results, but two days later the apyrexia became positive, and five days after the second dose there was a considerable diminution of the secretion, which diminution went on rapidly, and was followed by a complete cure.

This result is sometimes attained only after a third dose, and sometimes a single administration will suffice. The dose is 40 centigrammes for a robust man, and 30 centigrammes for women or men who are not robust. The menstruum is ordinary julep, or with a syrup, but never with opium, which prevents or retards the diarrhœa and vomiting. At the end of the first day of treatment the patient is usually exhausted, and requires a stimulant. From one to three days are allowed to elapse before the second dose is given. It may be that after this second dose the general condition is favorably modified, while the local condition appears unaltered. Under such circumstances a drastic cathartic, instead of a third dose, may prove efficacious.

It should be remembered that the efficacy of this treatment is indicated by the persistence of the febrile movement. If a case of pleurisy presents effusion, but no fever, the drug is much less active; this fact is marked even where the fever has subsided for only one or two days, but if the period be longer it has no more effect than an ordinary purgative.—*Jour. de Médécine et de Chirurgie*, Feb., 1885.

OBSTETRICS AND GYNÆCOLOGY.

ANALGESIA OF THE GENITAL PASSAGES OBTAINED BY THE LOCAL APPLICATION OF COCAINE DURING LABOR.—Dr. DOLERIS, having a case of placental polypus occurring in consequence of abortion, and having to deal with an uncontrollable vaginal spasm, making examinations very difficult, succeeded in completely suppressing the pain and irritability by the application of cocaine, used a quarter of an hour before the operation. (He used hydrochlorate of cocaine in solution of 5:100.) This encouraged him to undertake, with M. Dubois, a series of analogous essays upon women in labor. They used a solution of hydrochlorate of cocaine 4:100 mixed with lard, in eight cases. In six of these cases the result was very marked. With the primiparæ, in whom dilatation of the cervix caused severe pain, after one or two minutes following the painting of the cervix with cocaine, perfect relief was afforded. With the others, during the period of expulsion, the pain was only in the uterus, and allowed them to assist freely by muscular contractions. With two of the cases there was no effect produced, showing that there are unknown factors which retard or prevent the action of cocaine. These cases receive before and at the beginning of labor injections of corrosive sublimate 1 ℥ to 2 ℥. The genital mucuous membrane becomes thoroughly saturated with this solution, a part necessarily remaining in the vagina. The sublimate decomposes the alkaloids very rapidly, and there is no doubt but that this fact exerted a strong influence in these two cases. The amount of the preparation of cocaine necessary for the purpose was 50 or 60 drops of the 4:100 solution, or 3 to 4 grammes of the ointment, which was absolutely free from danger. The regular progress of the labor was not retarded, and it was only the general sensibility that was obnubilated, the reflex sensibility remaining normal. The uterine contractions continued with their usual intensity, duration and frequency. These observations were

communicated by Dr. Doléris to the Société de Biologie (Séance du 17 Janvier, 1885). Since then he has added seven cases to his list, and concludes: 1. That cocaine exerts no influence on the pains of uterine contractions, but they do not become excessive. 2. That but little pain exists after analgesia, the cocaine affording relief to that pain which occurs in consequence of distension and irritation of the nerves of the supravaginal and intravaginal portions of the neck of the uterus and of the vagina itself. 3. That no relief is afforded against the severe pain which is due to compression of the nerve trunks of the pelvis. 4. That the pain felt in the mucous membrane and in the vulva on expulsion is perfectly relieved. Expulsion is painless and *very rapid*, lasting ten, fifteen to twenty-five minutes.

Dr. Doléris intends to continue his observations by studying the influence, as an analgesic, of bromide of potassium alone and combined with cocaine.—*Archives de Tocologie, etc., February, 1885.*

THE EFFECTS OF THE CURETTE.—DR. DUERELIUS (assistant to Dr. A. Martin, of Berlin) contributes to the *Zeitschrift für Geburtshülfe und Gynäkologie*, Band X, Heft 1, the result of an investigation into this subject. The use of the curette in cases of endometritis, menorrhagia, etc., has been warmly advocated by Dr. A. Martin and others. It has been asserted by those who do not look with favor upon the instrument—(1) that it is impossible to detach with the curette the whole of the uterine mucous membrane or to make a diagnosis as to the nature of the disease present from examination of the bits scraped away by the curette; (2) That the relief to symptoms which follows the use of the curette is not permanent; (3) That the detachment by scraping of the lining membrane of the uterus prevents future pregnancy. Dr. Dürelius, in this paper, gives the result of an inquiry into these objections: (1) from experiments on the dead body, in which the uterine mucous membrane was scraped in exactly the same way as this operation is performed on the living, and the uterus then taken out and examined, he finds that it is possible with the curette to entirely denude the uterine muscular tissue of its mucous membrane, except in the immediate neighborhood of the orifices of the tubes. As to diagnosis, in five cases in which malignant disease was diagnosticated, and in four others in which endometritis adenomatosa was concluded to be present, from examination of the fragments detached by the curette, the uterus was extirpated, and the diagnosis was in each case confirmed. (2) The second objection he can answer less definitely; all he can say is that patients have, after treatment by the curette and caustic, been sent out free from symptoms, been told to come back if the symptoms returned, and have not done so. (3) With regard to the third objection, he has been able to find no less than sixty cases of pregnancy occurring after scraping out of the uterine cavity. In eleven of these the curette was used to remove pieces remaining after abortion; in the other forty-nine for endometritis, thirty-two of these having been pregnant before, seventeen not. Out of the sixty pregnancies only six ended in abortion. Dr. Dürelius believes that the curette, so far from causing sterility, sometimes cures it.—*Medical Times*, February 21, 1885.

MEDICINE.

CASE OF ECZEMA FOLLOWING THE COURSE OF THE SMALL SCIATIC AND SHORT SAPHENOUS NERVES.—DR. FRANK SHEARER gives the details of a case with the above title in the *Glasgow Medical Journal*, accompanied by a photograph which shows admirably and at a glance the condition described. The eruption is essentially eczematous in its nature; it extends as a continuous ribbon-shaped band from the left buttock to the base of the little toe; it corresponds, to a considerable extent, with the course of the small sciatic and short saphenous nerves; it has been in existence, in part at least, for nearly eighteen months; it began without any apparent cause, and it has not been associated at any time with neuralgic pains, or with any alteration in sensation. The subject is a thin but fairly healthy boy of thirteen who has never hitherto suffered from any neurotic affection. The affection was first noticed in the skin behind the knee joint, which became thickened and roughened, and was red and itchy. This condition slowly extended downward to the little toe and upward to the buttock. The eruption is dark red in color, covered in many parts by thin scales or scabs, distinctly raised, margins well defined, broadest on the most prominent part of the buttock (2 inches) where it appears to be frayed into three diverging portions; from the prominence of the calf it forms a regular curve downward and inward almost to inner aspect of leg, and then downward and outward to a point over the insertion of the tendo Achillis; it then bends sharply round the heel, and passes along the outer margin of the foot until the proximal end of the metatarsus is reached, when it curves upward onto the dorsum of the foot, and ends abruptly at the base of the little toe, where it is about ½ an inch broad.

After the continuance of this eruption for eighteen months, the neighboring skin being perfectly healthy, an attack of herpes zoster developed on the opposite thigh. Near the sacral end of the crista ilii, and parallel with it, is an oblong patch of characteristic vesicles, two inches long and one inch broad. A similar patch is situated five inches below the great trochanter. Another broad patch extends almost continuously downward and inward for seven inches, from a point below the anterior superior spine of the ilium, and a smaller patch, arranged in a parallel line to this, is placed over the lower part of Scarpa's triangle.

The original eruption differs from herpes zoster in its characters and lengthened duration, and in the relation of the eruption to the nerves affected. In herpes the eruption corresponds to scattered cutaneous twigs; here is the course of the main trunks of the nerves. The disease was apparently confined at first to the small sciatic nerve, but afterward attacked the short saphenous nerve, and so may be supposed to be dependent on some central changes in the ganglia of the cord.

MARTIN'S METHOD OF TREATING SYNOVITIS, ESPECIALLY OF THE KNEE-JOINT.—In a communication to the *Medical Record*, of February 7, 1885, Dr. Francis C. Martin, of Roxbury, Mass., says: During the past thirty-one years, over 400 cases of synovitis of the knee and its sequelæ, of every form and degree of severity, in every variety of diathesis and complication, however chronic or acute, have been treated by the use of the pure rubber or "Martin" bandage—applied to the limb from the foot to above the knee. The joint is previously strapped from three inches above to a corresponding point below the patella, with non-irritating rubber plaster. This strapping is not applied for the ordinary reasons, but to obviate, or at least mitigate, a troublesome chafing of the skin in the popliteal space, from walking exercise while the bandage is on the limb. One such strapping will remain *in situ* for four or five weeks, and in a very large proportion of cases has not to be repeated. The plaster, however, must be perfectly non-irritating. The bandage should be applied as tightly as the patient can wear it with comfort. There is no danger to the circulation by following this rule, as no dangerous constriction of the limb could be endured without pain and discomfort. The bandage thus applied should be worn generally for from four to six weeks, according to the severity of the case, day and night; and, after that, during the day only, or while in the upright position, for from four to eight weeks longer. Many patients prefer to wear them a good deal longer, to prevent any possible return of trouble, but this is in general not at all necessary.

When the bandages are thus applied, great comfort and support are at once experienced, and with these much increased capacity to use the joint. Very soon it becomes evident that absorption of effused fluid, and of the interstitial deposits in the tissues of the synovial sac, and of the other tissues about the joint, is going on; and, in a space of time too short to be credible to those who have not accurately pursued the practice, and carefully and repeatedly observed the fact, the enlarged and weakened articulation is restored to the normal size, and, if not immediately to its original strength, to a far greater capacity for use, and eventually to a perfect restoration in all respects.

In cases in which the amount of fluid effusion within the sac is small, or where the thickening of the sac is the principal element of the case, these results may be always looked for with certainty and rapidity. Sometimes, however, when the amount of fluid effusion is very large, the use of the bandage *alone* (although of the greatest value as a palliative, by strengthening the joint, and permitting painless use of the limb) will produce *complete* absorption of the fluid very slowly, if at all. The existence of these exceptionally obstinate cases induced my father, some twelve years ago, to add to the use of the bandage a preceding thorough aspiration of the sac, all the other points of treatment being exactly as before described. This was done at first only in exceptionally obstinate cases, in which the effusion within the synovial sac was large, but the operation was gradually found to be entirely free from danger, and latterly aspiration has been practiced in all cases in which, being chronic, the synovial effusion is of any considerable amount, and even in the most acute cases in which rapid effusion produces great distension and consequent pain. The results of my father's experience are summed up in the following statements:

1. In the last twelve years over 200 cases of synovitis of the knee, and its sequelæ, have been treated by aspiration with a single strapping of the joint, and subsequent use of the bandage.

2. In these cases the knee-joint has been punctured over 400 times.

3. In all these cases, with the exception of a very few, and these only in the early stages of treatment, the patient was not only permitted, but obliged to take a daily and considerable amount of walking exercise.

4. In not a single instance has there been failure of absolute and entire cure, requiring, in one case, seventeen weeks, but in no other more than eleven weeks.

5. Although no antiseptic measure, beyond perfect cleanliness of the aspirating needle, was employed, in not one instance has any ill symptom followed the operation. When the needle is withdrawn, the puncture is at once covered securely with adhesive plaster.

SYPHILITIC ANEURISMS. M. Verdier (*Revue de Thérapeutique*) states that:

1. Syphilis is a determining cause for a variety of extensive lesions: gummous arteritis, sclerous arteritis, endarteritis, atheroma; these lesions have no specific or pathognomonic character.

2. Clinical cases, rather than pathological anatomy, establish this etiological relation, and demonstrate that syphilitic aneurism resulting from preceding lesions is an affection that is relatively frequent, but the numerical proportion has not been exactly defined.

3. Aneurism occurs in the tertiary stage of syphilis after a variable period, the medium date of which is almost eleven years. It may affect all the arteries: those of the brain, the aorta, and of the extremities.

4. As far as the symptoms and progress are concerned, these aneurisms do not differ from those arising from other etiological causes.

5. Specific treatment sometimes, but rarely, exerts a curative action; generally it is only palliative, producing a temporary amelioration without checking the progress of the disease, which frequently terminates by death. Iodide of potassium is the basis of this treatment, electro-puncture being used in absolutely desperate cases.

SURGERY.

COCAINE IN LITHOTRITY.—The *Lancet* reports that a lithotrity, with rapid evacuation of the fragments (Bigelow's operation), was performed under cocaine at the St. Peter's Hospital with perfect success. The bladder was injected with half an ounce of a four per cent. solution of cocaine, and the operation was begun and completed *painlessly* in a quarter of an hour.

THE

Journal of the American Medical Association.

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THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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CARDIAC ASPIRATION.

The January, 1885, number of the *American Journal of the Medical Sciences* contains a paper, by DR. A. H. P. LEUF, of Brooklyn, on "A Peculiar Form of Pulmonary Congestion not Generally Known and Terminating in Sudden Death; together with a Plea for Cardiac Aspiration." The author announces that his two objects in writing the paper are to call attention to this peculiar form of pulmonary congestion and to enter a plea for cardiac aspiration.

The symptomatology of these cases, as described by Dr. Leuf, is but meagre; the duration is short, probably not exceeding twenty to forty-eight hours, and he is inclined to fix the mean duration at about six or eight hours. The affection occurs more often in males; it may or may not be attended with unilateral pain; there may be a sense of impending danger, or it may be absent; but the almost invariable symptom is oppressed respiration. The breathing is described by the patient as rather difficult and unsatisfactory, and a feeling of weariness is complained of. In one case, that of a full-blooded young man, talking became more and more difficult, and in a short while he reeled off his chair dead. The most marked symptoms, then, are the oppression of breathing and the sense of impending death.

As regards the pathology of the affection, Dr. Leuf, who has made quite a number of post-mortem examinations of persons dead of it, states that in all his cases "both lungs were affected, and to the same extent with only a few exceptions." "With rare exceptions, the lungs were uniformly affected, there being no patchy appearance on section and no evidence of either ante-mortem or post-mortem gravitation of blood." The narrow apex or sharp anterior margin was as full of blood as the rounded posterior border or the broad base resting upon the diaphragm . . . Similar conditions would be noticed throughout the same organ without reference to the laws of gravitation. When the congestion is uniform, the lung appears, on section, as black as ink, and slight pressure causes an exudation of thick and perfectly black blood."

The state of the heart and great vessels is what would be supposed from the condition of the lungs. Dr. Leuf "invariably found the right side enormously distended and the *osteum venosum* entirely incompetent, with its tricuspid valve, to stem the return flow from the right ventricle, thus practically throwing the right auricle and ventricle into one large auriculo-ventricular cavity. . . . The left heart is invariably either empty or contains but a very small quantity of blood. The pulmonary veins are also empty, or very nearly so. I have always found the whole heart relaxed. Not more than three or four of all the cases in this class that have come under my observation during the last two years presented any valvular disease. . . . The peripheral veins, however, are in all cases empty and collapsed, and in anæmic cases even the *vena portæ* and its tributaries are almost entirely devoid of blood."

We have quoted thus fully from the article in question, on account of the bearing of the symptomatology and pathological appearances upon the treatment proposed by the author, cardicentetis. At the autopsy, "almost all the blood is found pent up in the *venæ cavæ*, right heart, pulmonary artery, and lungs. The pulmonary veins, left heart, arteries, systemic capillaries, and peripheral veins, are either entirely or almost devoid of their usual contents. At first there is but slight disturbance of the equilibrium between the pulmonary and systemic circulations. Steadily, but surely, this disproportion between the two sides increases. The arterial side of the circulation is losing its blood constantly in greater amount than it is supplied from the lung by the pulmonary veins. In time the lungs become surcharged with blood. The air-chambers are diminished in size, on account of the tumefaction of the interstitial structures of the lung, by the enormous dilatation of the gorged capillaries. . . . What blood does pass to the left heart, then, is very poor in oxygen. . . . The right heart begins to experience the pressure of the blood that is being pumped on by the poorly oxydized left ventricle, the arteries and the capillaries. Soon the pressure becomes too much. The openings of the right

ventricle begin to dilate, and their valves become incompetent to check the return flow of the current. The right ventricle forces some of its contents into the pulmonary artery and lungs, to have a share of it regurgitated a moment after. In the same way the right auricle works with only partial success; for, in consequence of the dilatation of the *osteum venosum*, the tricuspid valve is ineffectual in preventing the back-flow of blood. While, at first, the amount of regurgitation is small, it gradually increases so as to amount to more than that which enters the lungs, and eventually hardly any passes to its normal destination, and nearly all the blood simply moves up and down in a continuous column, extending from the division of the pulmonary artery through the right ventricle and auricle into the upper and lower *venæ cavæ*. That the patient should be able to survive long with a heart in this condition is an impossibility. His exhausted heart yields in despair in a brief period unless prompt relief is afforded."

There is no one, we believe, who will not agree with the author, that the treatment of this affection should be prompt, decisive and radical; and the means he believes to be cardiac aspiration. Two articles have appeared, during the past three years, advocating cardicentesis; the first, by Dr. B. F. Westbrook, of Brooklyn, in the *Medical Record* of December 23, 1882; the second, by Dr. John B. Roberts, of Philadelphia, in the *Medical News* of January 13, 1883, which have excited a good deal of interest in the subject, and not a little criticism. Apart from the other affections for which the authors of the papers referred to have recommended that it be performed, in the consideration of the cases described by Dr. Leuf, two questions at once arise: Are these cases necessarily fatal without an operation for the relief of the distended heart? Would cardicentesis probably prove fatal *per se?* Or, the second question might be put, Would cardicentesis, even if it relieved the heart, always prove fatal? "The immediate danger is not from asphyxia, but from heart failure, due to over-distension of the right side, and gross incompetence of the valves guarding the two orifices of the right ventricle." We believe that no one, however conservative or critical he may be, will gainsay this statement. So far as can be judged, these cases *are always* fatal, or have been, and any measure which would probably give relief, short of certain death to the patient, is judicious, advisable and surgical. Phlebotomy has been advised as the proper operation, under these circumstances; but Leuf very properly says that it is extremely unadvisable and dangerous, as would be arteriotomy. The trouble is not in the general, but in the pulmonary circulation, and in the right heart.

As regards the second question, cardiac aspiration is not necessarily fatal, nor is it probably fatal in the hands of one who knows his anatomy. It has been repeatedly shown that heart *wounds* are not necessarily fatal; and there is a probability, which almost amounts to a certainty, that a skillfully directed needle would allow blood to be abstracted from the heart, and relieve the distension, and leave no trace in the heart that it had been carried into it. The objections to the operation, that a great venous trunk might be wounded; that the movements of the heart would enlarge the orifice made by the needle; that hæmo-pericardium *might* be caused by the puncture; that the tenuity of the auricular wall might cause it to tear by the motion against the needle, are, as Leuf shows, practically groundless.

Finally, if the operation is justifiable and necessary, it is not to be resorted to only when the patient is *in extremis;* to delay an operation until a patient is practically dead is negligent, unwise and unsurgical.

CHEYNE-STOKES' RESPIRATION.

In this form of dyspnœa the respirations are at first very shallow, scarcely perceptible, but increase in depth and rapidity until the acme is reached, after which they decline in vigor and frequency, at length ceasing altogether. After a short period of apnœa the same phenomena are repeated, an interval of rest succeeding each cycle of respiratory efforts. It was first described by the observers whose names it bears. It is seen in cases of organic heart disease and lesions of the brain, injuries involving the respiratory centre, cerebral hæmorrhage, etc. In pressure upon or injuries of the medulla, it is not difficult to understand the occurrence of this respiratory disorder, but the reason for its presence in organic diseases of the heart is not readily understood, and hence the theories offered to explain it. Whatever be the mode of its production, one thing is certain; it is a precursor of an earlier or later death.

Tizzoni has recently performed two autopsies which he thinks throw some light upon its pathology. One was a case of organic heart disease, in which the phenomenon under consideration was observed for forty days prior to death. Here the pneumogastric nerves were involved in inflammatory change, which in the left nerve was peripheral, but in the right reached into the bulb. In the medulla the alterations were found *in foci*, while they were most marked beneath the ependyma above

the longitudinal furrow of the calamus scriptorius. In the second case, one of uræmia in which the Cheyne-Stokes' respiration had existed but a few days, similar changes were found in the superior half of the bulb, while the vagi were free. One case of organic heart disease, with such *post-mortem* appearances, is not sufficient to establish any definite etiological relation between these and the disorder of respiration in question; yet, since the second case lends to it something of confirming evidence, this discovery of Tizzoni's will probably prove of value in leading the way to further investigations.

In connection with this subject, it may be of interest to briefly notice the most important theories proposed in explanation of the phenomenon. Traube suggested that the respiratory centre loses in irritability owing to the imperfect oxygenation of the blood, and that a considerable accumulation of carbonic acid becomes necessary in order to stimulate the centre to an adequate performance of its function. Time for this accumulation is afforded by the period of apnœa. The respiratory centre is now stimulated; respiration begins, at first slowly and inadequately, but soon increases in vigor until the blood becomes so arterialized as to fail to any longer excite discharges from the centre; in consequence the respiratory efforts grow gradually feebler until they stop entirely. According to critics this theory is defective, since it contains a contradiction. It starts with the assumption that deficient oxygenation of the blood lowers the irritability of the respiratory centre, while later on, as this condition increases, the centre becomes stimulated. To obviate this objection, Dr. Sansom has modified Traube's explanation by assuming a partial paralysis of the respiratory centre as the primary condition, to which he then adds the latter half of Traube's theory. This paresis may be produced either indirectly by "reflex nerve influence," or is "a direct exhaustion from cerebral causes."

Filehne offers still another explanation, he assumes that the deficient supply of oxygen in the blood primarily stimulates the vaso-motor centre, which consequently leads to the contraction of the arterioles throughout the body and of course within the medulla. This spasm of the arterioles still further diminishes the amount of arterialized blood supplied to the respiratory centre, which in its turn now becomes aroused into action. Dyspnœa results, respiratory efforts are evoked, and as they grow more and more vigorous the blood becomes quickly oxygenated; stimulation of the vaso-motor centres is now lessened; and when the arterial spasm ceases, oxygenated blood is supplied to the respiratory centre; it is, therefore, no longer prompted to perform its function, and apnœa gradually supervenes. Bramwell, very justly, we think, objects to Filehne's theory as inadequate, on the ground that there must be some condition back of it all which renders the respiratory centre abnormally sluggish. Were this not so, apnœa ought to be vastly more common than it is, for conditions often arise in health where purely arterial blood is supplied to the centre in question, yet without any failure of function on its part, such as Filehne supposes in his endeavor to account for the apnœa in Cheyne-Stokes' respiration. This essential primary lesion Bramwell accounts for upon the hypothesis of "irritable weakness" of the respiratory centre, and upon this bases his theory. He reasons briefly as follows: "The respiratory centre in the medulla oblongata probably consists of two parts"—an inspiratory and an expiratory. Furthermore, in accordance with the teachings of Rosenthal and Foster, he subdivides the inspiratory centre into two portions—one the discharging, the other the restraining or inhibitory. These two parts are probably acted on differently by the same stimuli; that is, venous blood stimulates the discharging and depresses the inhibitory portion, while arterialized blood acts in a reverse manner. Now, if with Bramwell we suppose the discharging division to be in a state of "irritable weakness," the mechanism will be as follows: At the close of the stage of apnœa, the accumulation in the blood of carbonic acid excites the discharging portion of the inspiratory centre, and represses the inhibitory. Consequently a series of respirations is elicited which, at first feeble, augment in force, until the blood becomes oxygenated. The discharging centre, already weak, is soon exhausted, and lacking the spur of carbonic acid, it yields to the supremacy of the inhibitory centre, which has now become stimulated by the oxygen; the respirations grow weaker and weaker, until at last superseded by the stage of apnœa. Carbonic acid now accumulates, and the cycle is repeated.

Dr. Bramwell supposes that the vaso-motor centre is also stimulated by an excess of carbonic acid, and that the ensuing contraction of the arterioles aids indirectly in the stimulation of the discharging centre by diminishing the blood supply to the medulla, and that the cessation of the vascular spasm, following the arterialization of the blood, by flushing the inhibitory centre, aids it in its struggle for the upper hand. There are still a few points of interest to be considered, but, as space is limited, they will have to be deferred for a subsequent issue.

THE MICROBE OF MUMPS.

While Koch, Finckler and Prior, and the English cholera commission, have been devoting their energies to the comma-bacillus, Freire his to the micrococcus xanthogenicus, and Seifert his to the bacillus of influenza, the microbe of mumps has been driven from his hiding places by DR. BOINET. Already, in 1881, had Capitan and Charrin declared that they had discovered a microbe in the blood and saliva of six victims to the annoyance of parotitis; and later they were seen by Bouchard and Netter. Boinet has cultivated these microbes to the fourth, fifth and sixth generation. True, his inocular experiments on rabbits have not been very successful, but they should have been made on the human being, for two reasons: First, rabbits are seldom troubled with mumps, so far as known; second, according to Mr. Henry Bergh, such experiments on the lower animals are cruel and useless, as the rabbits are subjected to unnecessary torture during the experiment, and there is a possibility that the experiment will succeed and the rabbit will be practically unsexed, should he be an adult and have the usual testicular accompaniment of this mysterious disease.

There is no reasonable doubt that inoculation experiments should be made, for, if successful, vaccination for mumps would become very popular among the male members of a community—at least with those who have never been afflicted with this dangerous affection. Is it too much to hope that some of the first investigations made in the Carnegie Laboratory will be upon this subject? They have Mr. Bergh at hand, where he can be captured at an hour's notice, and it is to be supposed that he will cheerfully allow experiments upon himself. However, after reading his more recent contributions, there may be a question in the minds of some as to whether he is a male.

NINTH INTERNATIONAL TRIENNIAL MEDICAL CONGRESS.

As everything relating to the proper organization of the International Medical Congress to be convened in this country in 1887, is of interest not only to the profession of this country, but to that of the countries of Europe also, we publish in full in this issue of the JOURNAL the rules and preliminary organization, so far as it has been completed by the general committee on organization. The *Council* for each section is intended to constitute a nucleus of active working members in the department to which the section relates, and may be added to by the executive committee as circumstances shall indicate.

METEOROLOGICAL, CLIMATIC AND SEASONAL MAP OF THE UNITED STATES. Prepared by Charles Denison, M.D., Denver, Colorado, and published by Rand, McNally & Co., Chicago. This map has been prepared with great care and from the most authentic sources of information by Dr. Denison, and will be found by the practitioners of medicine one of the most convenient and useful works for reference, to ascertain the special climatic characteristics of any locality in our widely extended territory, that have been hitherto devised. For further details concerning it see the advertisement in the advertising columns of this issue.

SOCIETY PROCEEDINGS.

CHICAGO GYNÆCOLOGICAL SOCIETY.

(*Concluded from page 329.*)

DR. HENRY T. BYFORD then read a paper entitled

FUNCTIONS OF THE MEMBRANES IN LABOR.[1]

DR. BYFORD discussed fairly, clearly and forcibly the possibility, probability and utility of the preservation of the membranes from rupture until they dilate, or aid in dilating the vulvo-vaginal orifice, as well as the cervix. The possibility and probability are not only matters of reason, but, under the given appropriate management have stood the test of experience in the author's practice.

The utility lies in the substitution of a soft bag for the hard, rough, unyielding head as a dilator; in the retention of the amniotic fluid in the parturient canal as a cushion, protector and lubricator; but chiefly in the *manner* of dilating the vulva and perineum, viz.: by making the axis of the vulva correspond with the axis of the presenting part *before* its exit. The perineum is stretched along its lateral diameters only, while the fourchette descends to within half an inch or the anus. This brings the transverse muscular fibres of the perineum nearer together, instead of further apart, and renders their rupture a matter of proportionate difficulty. All artificial interference in dilating the perineum should be based upon this mechanism.

DR. W. W. JAGGARD, while not prepared to accept the thesis of the paper as a universal proposition, thought the attention to the functions of the membranes advised by Dr. Byford would go far to prevent cervical, vaginal and perineal lacerations in many cases.

DR. D. T. NELSON said the membranes, when adherent to the cervix, as pointed out by Dr. DeLaskie Miller, delayed labor. Under these conditions puncture of the membranes was indicated. In practice he tried to find out whether or no the membranes were adherent to the cervix. If adherent, he punctured the membrane; if free, he always waited for spontaneous rupture.

[1] Which will appear in full in the *Chicago Medical Journal and Examiner.*

Dr. Philip Adolphus agreed with the author of the paper in his conclusions, except in case of hydramnion. Under such pathological conditions it was frequently necessary to rupture the membranes, in order to secure uterine contractions.

Dr. J. Suydam Knox was in the habit of aiding dilatation of the vaginal os with the finger. He was under the impression that the membranes were seldom operative in the dilatation of the vulvo-vaginal orifice.

Dr. Edmund J. Doering had followed Dr. Byford's suggestion during the past year, and believed the method had prevented perineal lacerations in many cases. Premature detachment of the placenta was a possible danger from delayed rupture of the bag of membranes.

Dr. Edward Warren Sawyer believed that the membranes should not be punctured until the *os uteri* was dilated to the extent which the pelvis, in the concrete case, would permit. The function of the bag of waters in labor was the dilatation of the *os uteri*. He ruptured the amnion in one-half his cases. There was as great variation in the development of the uterine muscular tissue as in the development of the biceps. Retardation of rupture of the bag of membranes might lead to uterine inertia, or to premature detachment of the placenta. To follow nature's suggestions was a beautiful theory; but nature caused the membranes to be ruptured, in the majority of cases, before dilatation of the vaginal os. He was in the habit of aiding dilatation of the cervix by the introduction of one or two fingers within the canal of the cervix; he also tried to peal off the membranes around the internal os, and was conscious that he had materially influenced, in a favorable direction, the process of parturition.

The periphery of the *os uteri* was less than the periphery of the vaginal orifice. It was inconceivable, under such physical conditions, that the bag of membranes, protruding through a smaller, could dilate a larger orifice.

Dr. Charles Warrington Earle agreed with Dr. Sawyer, that natural processes should be imitated in the puncture of the bag of membranes after complete dilatation of the *os uteri*.

Dr. H. P. Merriman thought Dr. Byford's paper contained excellent advice for the young practitioner. The thesis could not be accepted as a universal proposition. Dr. Sawyer and Dr. Earle had pointed out the conditions, in which the application of the method was contraindicated.

Dr. Henry T. Byford, in conclusion, said that he had distinctly pointed out in his paper that the retardation of rupture of the membranes was advisable only in perfectly physiological labors. The members of the society had called attention to pathological conditions to which the method did not apply.

Dr. Sawyer had read a paper on "Occipito-posterior Positions," before the American Gynæcological Society, during October. A plausible explanation of the fact that anterior rotation did not occur in Dr. Sawyer's thirty-nine cases might be found in the premature rupture of the membranes.

Dr. Byford claimed that the natural processes were not imitated, but interfered with, by rupturing the membranes at the complete dilation of the os uteri.

Dr. Charles Caldwell was then elected Fellow of the Society.

Stated Meeting, March 20, 1885.

The President, H. P. Merriman, M.D., in the Chair.

Dr. J. Suydam Knox read a paper entitled

THE INFLUENCE OF CIMICIFUGA RACEMOSA (BLACK COHOSH) UPON PARTURITION.

After a *résumé* of the medical history of the drug, Dr. Knox gave the results of his clinical observations in one hundred and sixty cases of labor,—fifty-seven primiparæ, ninety-three multiparæ—in which black cohosh had been exhibited. The average duration of the first and second stages of labor, in normal cases, in primiparæ, was seventeen and three hours respectively. Under the influence of black cohosh, the duration of the first and second stages of labor, in the fifty-seven cases observed, was six and one-quarter and one and three-quarters hours respectively. The average duration of the first and second stages, in normal cases, in multiparæ, was twelve and one hours respectively. Under the influence of black cohosh, in the ninety-three cases observed, the average duration of the first and second stages was three hours and twenty-seven minutes respectively.

From these clinical observations Dr. Knox drew the following conclusions:

1. Cimicifuga has a positive sedative effect upon the parturient woman, quieting reflex irritability, nausea, pruritus, and insomnia, so common in the last six weeks of pregnancy; it always renders them less distressing, and they often disappear under its administration.

2. Cimicifuga has a positive antispasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. Cimicifuga relaxes uterine muscular fibre, and the soft parts of the parturient canal, by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor.

5. It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery.

It is his habit, however, to administer fifteen to thirty minims of the fluid extract of ergot after the birth of the fœtal head, and he has had but few opportunities of testing this effect of the cohosh.

His method of administration has been to give fifteen minims of the fluid extract of cimicifuga in compound syrup of sarsaparilla each night for four weeks before the expected confinement. One fluid

ounce of the fluid extract of cimicifuga to three fluid ounces of compound syrup of sarsaparilla,—dose, one teaspoonful,—makes just the required quantity.

DR. PHILIP ADOLPHUS had employed the cohosh, in the manner indicated by Dr. Knox, in one case with negative results.

DR. EDWARD WARREN SAWYER thought the results obtained by Dr. Knox were astonishing. He thought there could be no doubt but that the drug had the physiological action to which allusion has been made. He would at once act upon the suggestion in his private practice.

DR. W. W. JAGGARD thought that if the influence upon parturition, so clearly sketched by Dr. Knox, was capable of demonstration, he could agree with Dr. Sawyer's panegyric. Dr. Knox's carefully prepared paper was worthy of study and investigation. Dr. H. Webster Jones, formerly a prominent obstetrician in Chicago, had advanced similar views with reference to the physiological action of black cohosh, in a paper published in the *Transactions of the Illinois State Medical Society*, a few years since. Dr. Jones' advocacy of the drug as an oxytocic was well known to every practitioner in the city.

Dr. Jaggard desired to call the attention of the Fellows to the following subjects in Dr. Knox's paper:

1. Dr. Knox had stated that the average duration of the first stage of labor in primiparæ and multiparæ was respectively seventeen and twelve hours; under the influence of black cohosh the duration of this stage was abbreviated to six and one-quarter and three hours respectively. It was a matter of extreme difficulty to define the limits of the duration of the first stage of labor with such mathematical accuracy. The "personal equation" assumes great importance as a possible source of error. The subjective signs and physical exploration are not always sufficient to justify the diagnosis of the commencement of labor. Thus Dr. R. Lumpe (*Archiv. für Gynäkologie*, 1883, Bd. xxi, Hft. 1., p. 29) concludes, from the observation of several hundred primiparæ, that the cervical canal begins to dilate from eight to fourteen days before the expulsion of the child. Other observers assign a period of much briefer duration than the typical seventeen hours of Spiegelberg, to which Dr. Knox alludes. Apart from the difficulty in the determination of the commencement of the first stage, the duration is capable of infinite individual variation.

2. One hundred and sixty cases were insufficient to warrant such positive deductions upon an intricate therapeutical problem. In every one of the cases, cited by Dr. Knox, it was clearly indeterminate whether or no the effect was *post hoc* or *propter hoc*. Black cohosh had been employed on an extensive scale, in large lying-in hospitals in Germany. Every condition for accurate clinicai observation had been supplied. Such conditions were competent observers, numerous cases, under absolute control, for a sufficient period of time, chemical purity of the drug, and an approximately perfect system of keeping records. Up to the present time, results had been of a purely negative character. It was true that Schatz had reported favorably, as to the action of the drug in the treatment of certain pathological conditions of the uterus.

Dr. Jaggard did not wish to be understood as dogmatically condemning the drug. The evidence in favor of its action as an oxytocic, as collected from experiments upon the lower animals, or from clinical observation, was entirely insufficient to warrant the positive conclusions of the author of the paper. The subject was worthy of further investigation.

3. He thought the practice of the exhibition of ergot before the completion of the second stage of labor was reprehensible. It was in conflict with the obstetrical principles of the day, as deduced from clinical experience and the nature of the case. This remark was applicable exclusively to physiological labors.

DR. CHARLES WARRINGTON EARLE had used black cohosh, at the suggestion of Dr. Jones and Dr. Knox, in a variety of cases, with negative results. He had about the same number of precipitate labors as occurred in his practice prior to the introduction of the drug. It was possible that he had not employed doses of sufficient size, nor for a sufficient length of time before labor.

DR. HENRY T. BYFORD wished to enter a protest against all methods of rendering the process of labor shorter. Quick labors were wrong labors, as a rule.

DR. GEORGE M. CHAMBERLAIN had no experience with black cohosh, but he was opposed to the exhibition of ergot before the expulsion of the child in physiological cases.

DR. KNOX closed the discussion. In reply to Dr. Jaggard, he said that the results of his clinical experience with black cohosh were of such a convincing character that he would continue the exhibition of the drug in the future. In regard to the exhibition of ergot before the expulsion of the child, he did it to save time. The drug was not absorbed until twenty minutes after exhibition, and long before the expiration of that time the child was born. He could not spare the twenty minutes required to secure retraction of the uterus, after delivery of child and placenta. In reply to Dr. Byford, he said that at the present day there were no physiological labors. Women were not Eves. By the judicious use of a drug like black cohosh, labor was made to resemble the ideal physiological process, as still observed among savages.

The secretary then read the inaugural thesis of Dr. EDMUND J. DOERING (M.D., Chicago Medical College, 1874), entitled,

SOME REMARKS ON THE VALUE OF PERMANGANATE OF POTASH IN AMENORRHŒA.

After a brief description of the physical and chemical characters of the drug, Dr. Doering discussed its physiological action. Bartholow, who has great faith in the drug, claims that although it parts with its oxygen with great readiness, this readiness is not sufficiently great to prevent the distribution of the gas into the blood. "His opponents deny this, and argue that the organic matter contained in the stomach and mucous membranes is sufficient to appropri-

ate the oxygen of the salt, and thus prevent its entrance into the circulation."

Professor Gray Bartlett, a Chicago chemist, gives the following opinion: "From the readiness with which the permanganate of potassium is decomposed by organic compounds, it would seem to be ineligible for internal use. When so administered, it is immediately brought into contact, in the stomach, with a relatively large amount of organic matter, and most necessarily is very rapidly destroyed, the manganese of the permanganate separating, in all probability, in the form of the hydrated manganese dioxide. The latter compound is an active oxidizing agent, and is possibly capable of exercising in the economy the oxidizing function, which has been ascribed to the permanganate of potassium. It would seem rational, therefore, anticipating the change which follows the administration of the permanganate, to substitute the hydrated dioxide of manganese, which can readily be prepared in a state of purity for medical use."

Whatever view may be adopted as to the chemical change which the permanganate undergoes in the human economy, the main question is as to its therapeutic value. Professor T. Gaillard Thomas, in his address to the *New York State Medical Association*, expresses faith in the value of the drug as an emmenagogue. Dr. Ringer and Dr. Murrell recommend the remedy. Dr. Doering had given the drug a careful trial in thirty cases of amenorrhœa, depending upon anæmia and general atony of the sexual apparatus. In about half the cases the observations were unsatisfactory from various causes, *i. e.*, inattention to the general directions, want of perseverance in taking the medicine, so that the conclusions arrived at were based upon fourteen cases, in each of which the cause of the amenorrhœa was entirely clear, the remedy carefully and continuously given, and the effect clearly observed. The cases were tabulated.

Dr. Doering draws the following conclusions:

1. Permanganate of potash in doses of from two to four grains is an efficient emmenagogue, if administered for a period of not less than two weeks.

2. Its administration in doses large enough to be effective is accompanied by severe pain, which frequently necessitates a discontinuance of the remedy, and hence impairs its value as an emmenagogue.

3. The most efficient method of administering the drug is in capsules, taken midway between meals, and followed by large draughts of some pure mineral water, like Silurian.

Dr. Doering was elected Fellow of the Society.

STATE MEDICINE.

SANITARY SURVEY OF ILLINOIS, AND HOUSE-TO-HOUSE INSPECTION.

In connection with the Sanitary Survey of the State and House-to-House Inspection, now being prosecuted under direction of the State Board of Health with reference to the probable appearance of Asiatic cholera in this country, the Board has just issued circular letter No. VI, addressed to the county clerks, and requesting that the work of getting public institutions into good sanitary condition be completed with as little delay as possible. Much work of this character was done during the past summer and fall, in response to the circular letter of the Board issued in July last. But, in addition to what remained to be done when cold weather suspended operations, there must since have accrued, in many cases, accumulations of filth and refuse which should now be promptly removed; defects in plumbing, drainage and sewerage, disclosed during the winter, should be repaired; and the effects of the occupancy of dormitories, workshops, wards, cells and other apartments should be remedied by a thorough spring cleansing.

The officers in charge of almshouses, jails, and other public buildings under control of the County Board, are notified to commence this work at once. Very much that requires to be done—scrubbing, whitewashing, removal of garbage and refuse, the emptying and disinfection of vaults and cesspools, the opening up and cleaning out of drains, sewers and ditches—can be performed by the employes and inmates of the institutions.

Especial attention should be given to the location and condition of privies and water-closets at these places, as also at courthouses and elsewhere. Vaults should be emptied before warm weather makes such work dangerous, and then be thoroughly disinfected with sulphate of iron (copperas). Where these vaults are within fifty feet of any source of water supply—well, spring, pond, lake, or running stream—their further use should be abandoned, and, after being emptied, they should be disinfected and filled up with clean, dry earth—one of the best disinfectants. The new vault should not be less than fifty feet from the nearest water-supply; should be water-tight; ventilated by a four-inch shaft, opening above the roof; the contents should be kept inoffensive by the use of some cheap disinfectant; and the building and its surroundings should be kept in the cleanest attainable condition. Where practicable, the substitution of the earth-closet system for the subterranean vault-storage is recommended. In either case the frequent removal of the contents, and their safe disposal, by use as fertilizers, are necessary sanitary measures.

The source of the water supply, and its storage and distribution, should be carefully inquired into, and all possible causes of pollution should be removed. A pure water supply is of the first importance to health under all circumstances; but among numbers of persons living under the conditions which obtain in county institutions, its importance is increased. Epidemics of diarrhœa and dysentery may be caused by impure water, while typhoid fever and Asiatic cholera are spread more commonly through the water supply than in any other way.

These remarks and suggestions will indicate the character of the work which the Board considers it desirable should be accomplished before warm weather sets in, not alone through fear of cholera, but in the interest of public health, and, consequently, of true economy.

A similar circular was recently issued to railroad managers, setting forth that the spread of Asiatic cholera is due oftener to the pollution of the water supply than to any other one cause. There is no more common mode of such pollution than through foul, badly-constructed and improperly located privies and water-closets. The disease in this country being always due to importation, and its spread being most commonly by persons travelling from place to place, it follows that railway privies and water-closets are especially exposed to the danger of cholera infection. In view of these facts, it is requested that all such places in connection with stations, freighthouses, shops and roundhouses be at once inspected and put in good sanitary condition.

Reports have been received from nearly all the roads, and one of the most important lines has already completed the work indicated along the entire extent of its road.

THE NORTH CAROLINA STATE BOARD OF HEALTH.

The following bill was ratified by the North Carolina legislature on March 9, 1885:

SECTION 1. Provides that six men shall be chosen by ballot by the State Medical Society, and that the governor shall appoint three other persons, one of which shall be a civil engineer.

SEC. 2. The "North Carolina State Board of Health" shall take cognizance of the health interests of the citizens of the State; shall make sanitary investigations and inquiries in respect to the people, employing experts when necessary; shall investigate the causes of diseases dangerous to the public health, especially epidemics; the sources of mortality; the effects of locations, employments and conditions upon the public health. They shall gather such information upon all these matters, for distribution among the people, with the especial purpose of informing them about preventable diseases. They shall be the medical advisers of the State, and are herein specially provided for, and shall advise the government in regard to the location, sanitary construction and management of all public institutions, upon application of the proper authorities, and shall direct the attention of the State to such sanitary matters as in their judgment affect the industry, prosperity, health and lives of the citizens of the State. The Secretary of the Board shall make biennially to the General Assembly, through the Governor, a report of their work.

SEC. 3. Provides that the members elected by the State Society shall serve, two for six years, two for four, and two for two years. Those appointed by the Governor will serve for two years.

SEC. 4. Relates to the officers of the Board, their terms of service and remuneration. Each member, other than officers, will receive $4 *per diem*, and necessary travelling expenses while on active duty.

SEC. 5. There shall be an auxiliary Board of Health in each county in the State. These Boards shall be composed of the physicians who shall have complied with the laws of the State in regard to the practice of medicine and surgery, or have a diploma from a regular medical college, the mayor of county town, chairman of the Board of County Commissioners, and the city surveyor, where there is such an officer, otherwise the county surveyor. From this number one physician shall be chosen by ballot to serve two years, with the title of Superintendent of Health. His duty shall be to gather vital statistics upon a plan designated by the State Board of Health. He shall make the medico-legal post-mortem examinations for coroner's inquests and attend to prisoners in jail, poorhouse, house of correction, and make examination of lunatics for commitment. He shall be the Sanitary Inspector of the jail and poorhouse of his county, making monthly reports to the Board of County Commissioners. His reports shall be made regularly, as advised by the State Board through their Secretary, and he shall receive and carry out, as far as practicable, such work as may be directed by the State Board of Health: *Provided*, that if it is impracticable to get a county superintendent for any cause, then any one whose duty it is to provide such service, may employ any member of the County Board of Health to do anything required by this section.

SEC. 6. Relates to the Secretary of the County Superintendent of Health.

SEC. 7. Provides for the biennial election of officers for the State and County Boards.

SEC. 8. Monthly returns of vital statistics upon a plan to be made by the County Superintendent of Health, and a failure to report by the tenth of the month, for the preceding month, shall subject the delinquent to a fine of one dollar for each day of delinquency, and this amount shall be deducted from the salary of the Superintendent by the Board of County Commissioners on authenticated statement of such delinquency by the Secretary of the State Board of Health.

SEC. 9. Inland quarantine shall be under the control of the County Superintendent of Health, who, acting by the advice of the local Board, shall see that diseases dangerous to the public health, viz., smallpox, scarlet fever, yellow fever and cholera, shall be properly quarantined or isolated, at the expense of the city, or town or county in which they occur. Any person violating the rules promulgated on this subject shall be guilty of misdemeanor, and upon conviction thereof shall be fined or imprisoned, at the discretion of the court. In case the offender be stricken with disease for which he is quarantinable, he will be subject to the penalty on recovery, unless, in the opinion of the Superintendent, it should be omitted. Quarantine of ports shall not be interfered with, but the officers of the local and State Boards shall render all the aid in their power to quarantine officers in the discharge of their duties, upon the request of the latter.

SEC. 10. Whenever and wherever a nuisance upon premises shall exist, which, in the opinion of the County Superintendent of Health, is dangerous to the public health, it shall be his duty to notify, in writing, the parties occupying the premises (or the owners, if the premises are not occupied) of its

existence, its character, and the means of abating it. Upon this notification the parties shall proceed to abate the nuisance, but failing to do this, shall be adjudged guilty of misdemeanor, and shall pay a fine of one dollar a day, dating from twenty-four hours after the notification has been served. The amounts collected to be turned over to the County Treasurer; provided, however, that if the party notified shall make oath or affirmation before a magistrate of his or her inability to carry out the directions of the Superintendent, it shall be done at the expense of the town, city or county in which the offender lives. In the latter case the limit of the expense chargeable to the city, town or county shall not be more than one hundred dollars in any case: *provided*, further, that nothing in this section shall be construed to give the Superintendent the power to destroy or injure property, without a due process of law as now exists for the abatement of nuisance.

SEC. 11. Provides for vaccination, and the compulsory vaccination of all persons admitted into public institutions; the money for the vaccine to be furnished by the County Commissioners.

SEC. 12. Provides for bulletins relating to the outbreak of disease; and for the personal inquiry of the Board into any outbreak.

SEC. 13. Relates to the special and regular meetings of the State Board of Health.

SEC. 14. Provides for analyses for hygienic purposes, to be made by the State Chemist; such analyses to include soil, drinking-water, articles of food, etc.

SEC. 15. For carrying out the provisions of this act two thousand dollars, or so much thereof as may be necessary, are hereby annually appropriated, to be paid on requisition signed by the Treasurer and President of the State Board of Health, and the printing and stationery necessary for the Board, to be furnished upon requisition upon the public printer, which shall not exceed two hundred and fifty dollars annually. A yearly statement shall be made to the State Treasurer of all moneys received and expended in pursuance of this act.

SEC. 16. Provides for a contingent fund of $2,000, subject to the Governor's warrant, to be expended in pursuance of the provisions of the Act, when rendered necessary by a visitation of cholera or any other pestilential disease.—*North Carolina Medical Journal, March, 1885.*

FOREIGN CORRESPONDENCE.

LETTER FROM LONDON.

[FROM OUR OWN CORRESPONDENT.]

The Hunterian Oration.—Volunteer Medical Association.—The Gheel Colony.—Antivivisectionists.—Ipecac in Dysentery.—A Rabbeth Medal.

Professor John Marshall delivered the annual Hunterian Oration in the theatre of the Royal College of Surgeons before a more than usually distinguished audience. The President, Mr. Cooper Foster, occupied the chair. The orator considered the mental attitude which "the founder of scientific surgery" would probably assume toward the active work and salient opinions of our times. The revelations of microscopical research and the growth of a new department of anatomy, histology, would have delighted Hunter, and his acquiescence in the truth of a modified cell-theory of the formation of tissues, and in the doctrine of the protoplasmic origin of animal and vegetable life, could be easily imagined. Not only as a physiologist, but as a pathologist, Hunter was a great vivisector, and it might be taken for granted that he would rank himself with those who now claim the right of man, for beneficial purposes, or even in the pursuit of knowledge, to attempt to discover the processes of animal life by tests and trials on living animals. While averse to unnecessary repeated experiments, his large views of the unity of the "principle of life" and of the community of organization and of action throughout the whole animal kingdom, would lead him to disregard the objections of those who insist on the uselessness of experiments on animals as far as concerns their application to man. Hunter did not spare his own body, but subjected himself to an inoculation experiment of a very grave character, in order to test opinions on a pathological question, and to put to proof the efficacy of certain variations in treatment. Since his time the inquiry as to the functions of the nerves and the nerve centres had made great strides, almost exclusively by means of experiments. Had Hunter lived now he would have been a staunch evolutionist, his belief being that "from the variations produced by culture it would appear that the animal is so susceptible of impression as to vary nature's actions, and this is even carried into propagation." Hunter expressed the opinion that in time it might perhaps happen the human race should be exterminated by specific poison diseases; but he regarded it as more probable that many poisons were extirpated and that new ones might arise in their stead every day.

The committee of the Volunteer Medical Association have placed a bearer company of the volunteer medical staff corps at the disposal of the Director General of the Army Medical Department for service in the Soudan. The company consists mostly of medical students—sixty men—systematically trained in bearer and field hospital work.

All who are interested in the lunacy question ought to read an article in the last *Revue des Deux Mondes* upon the colony of lunatics at Gheel, near Antwerp. In the fifth century an Irish king fell in love with his daughter, Dymphne, and by the advice of her confessor she fled to Gheel. Having been elevated to the rank of a saint, her shrine was, for some reason unknown, supposed to cure lunatics. This led to their being brought to Gheel, and at present it is a sort of lunatic colony under government supervision. In Gheel and the commune surrounding it there are 16,000 inhabitants. Lunatics are sent there by their friends, or by other communes, or by asylums. There is an infirmary where they are confined when dangerous, but by far the greater number are boarded out among the town and country people. A wealthy lunatic pays up to 6,000 francs for his

board per annum; a pauper lunatic, about one franc per diem. He feeds like the family of the nourricier. If his case be curable, he is visited once a week by a doctor; if incurable, once a month. If possible he is induced to work, and he receives a trifle for his work, which he spends in extra comforts. He is free to go about as he pleases all day within the limits of the commune. Great supervision is exercised over the nourriciers to see that their wards are well fed and not ill treated. If a lunatic runs away, the nourricier is fined 50 centimes for every five kilometres that the runaway has traversed before he is caught. The cures are about 38 per cent., which is large, considering the number of incurable cases. The lunatics seem perfectly happy, the fresh air and the association with sane people have the best effect on them. There are now 1,663 in the town and commune. The article has attracted much attention in England, and it is under consideration whether such a colony might not be established here, as since recent events private madhouses are probably doomed.

The opponents of experiments on animals at Oxford are making another effort to put an end to the teaching and study of physiology in the University. They have sent to every member of Convocation throughout the country invitations to attend and vote against a decree to provide for the annual expense of the physiological department. It has become necessary to issue a counter manifesto, in which it is pointed out that the expenditure asked for is for instruction, not experimental research, and that its defeat would seriously interfere with the efficient carrying out of the arrangements now in progress for the teaching of medicine in Oxford, which teaching will have its seat in the new and very ornamental building in the park, now approaching completion. The list of signatures comprises the names of the Dean of Christ Church and of nearly all the heads of colleges, as well as many well-known names in Oxford.

At the meeting of the Medical Society of London Dr. Macpherson read a paper pointing out the curious fluctuations in the popularity of ipecacuanha as a remedy for dysentery. During the latter part of the seventeenth century the drug was introduced to European notice as being a useful remedy for dysentery, and from published accounts appears to have acted like a charm. Helbetins considered it as much a specific for bloody flux as cinchona in malarial fever, or mercury in syphilis. It appears to have continued a fashionable drug for half a century, when it fell into disgrace both in France and England. Akenside used very very small does, one grain every six hours, but it was more generally prescribed either in one large dose or several small ones (five grains), repeated every hour until vomiting was produced. Subsequently in the tropics very large doses, frequently repeated, were given, but eventually the drug was almost banished by mercury as a remedy for dysentery. Dr. Parkes, in 1846, said ipecacuanha was of quite secondary importance, still he recommended scruple doses. Since 1858 the use of ipecacuanha had been the main feature in the treatment of dysentery, and though something must be put down to improved hygiene and the abandonment of bleeding, still the improved rate of mortality among troops pointed to the probability that the drug is really of use in saving life.

The French now use the drug with much success among their troops stationed in China, where dysentery abounded. After due consideration, Dr. Macpherson fixed the proper dose at thirty grains. He also referred to the fact that at present ipecacuanha had entirely replaced the calomel treatment, which was looked upon as a specific at the commencement of this century. It was further pointed out that Mr. Docker, a regimental surgeon, was the first to introduce the remedy into the British army. He at first gave very large doses, but eventually found that three or four doses of twenty grains brought the disease promptly to a termination.

It has been decided to offer £100 to the senate of London University toward the foundation of a Rabbeth medal, in commemoration of the devoted surgeon who lost his life through an attempt to relieve the sufferings of a child dying of diphtheria in the Royal Free Hospital. The father of Dr. Rabbeth has undertaken to found the proposed scholarship at King's College in memory of his son at his own expense, and the committee of the Memorial Fund have resolved to divide the funds which may be at their disposal on the 31st of March between King's College and Royal Free Hospital, toward the endowment of two children's cots. By that date they hope their funds will have considerably increased.

LETTER FROM BERLIN.

[FROM AN OCCASIONAL CORRESPONDENT.]

Bacterium Culture.—I have just received the copy of the JOURNAL containing my letters about "Bacteria Culture," and with your permission would like to add a little to what I wrote then.

In saying that agar agar is prepared like gelatine, it should be mentioned that the percentage of agar agar is much less, only one to three per cent. The dilution method (Verdünnungsmethod) of making a plate culture is especially advantageous, in that the quantity of material used as seed can be more easily controlled. For this, in addition to the plate apparatus, there are necessary the usual platinum wire, which has a glass rod handle and which has its end bent into a very small circle, and three of the test tubes filled with gelatine, as before described, each containing one or two drachms (4–8 cc.) of gelatine solution. The gelatine having been melted in the tubes, the platinum wire is sterilized in the gas-flame and dipped into the material to be used as seed, one eyeful of which is transferred to a melted gelatine tube. This is the first dilution and should be thoroughly mixed by shaking. The platinum wire having been again sterilized in the gas-flame, one or two eyefuls of the first dilution are transferred to a second melted gelatine tube, which is thoroughly shaken and forms the second dilution. In the same way a third dilution is made. This method of dilution, although savoring of homœopathic principles, is really the best and surest way to avoid using too much seed,—a fact I emphasized in my last letter.

The first dilution is always thrown away, for it contains by far too much seed; the second dilution is generally used, and if one is very particular the third is still better. In making second and third dilutions, if the solution contain comparatively few germs, it may be necessary to take two or three eyefuls of the material, and one's experience soon teaches him just the quantity to be used.

The next process is to pour the mixture (either the second or the third dilution) on a sterilized plate which is perfectly level and cold. When the gelatine has hardened, the plate is put into its bell-jars and kept at a suitable temperature for germination. One objection to this method, though not a very strong one, is that the colonies grow *in* the gelatine as well as on the surface. This method is not very suitable for agar agar cultures, owing to the high melting point. After colonies have formed, the plate is examined and studied under the microscope with a low power. Having found a typical and characteristic colony, a little practice enables one to pick it out, while under the microscope, by means of a properly shaped platinum wire, and thus by vaccinating a tube or a plate a pure culture is at once made. N.

DOMESTIC CORRESPONDENCE.

NEW YORK LETTER.

[FROM OUR OWN CORRESPONDENT.]

Antipyrin.—As the new antipyretic, antipyrin, is attracting a great deal of attention just now in the medical world, it may perhaps be of interest to know what the experience of some of the prominent New York physicians has been with it, as shown at the meeting of the Academy of Medicine last night, when a paper on this remedy and its effects was read by Prof. Wm. H. Draper. It is not necessary to refer particularly to the introductory part of the paper, in which Dr. Draper gave a *résumé* of the observations of European authorities in regard to the effect of antipyrin upon animals and man. Personally he had used it in the wards of the New York Hospital, and to some extent in private practice, since the first of October, 1884. The cases to which he directed attention on this occasion were all of typhoid fever, and twenty in number. Of the twenty, seventeen were in males and three in females; while fifteen recovered and five proved fatal. The highest temperature reached in any of the cases was in that of one of the patients who died. This was 107°.6, and it occurred on the twenty-fourth day of the disease. In the case in which the temperature was the highest among those which recovered, it ranged from 103° to 106°.6. Vomiting was quite a frequent symptom, and there was sweating in a considerable number, while nervous symptoms were relatively few. Of the fifteen cases in which recovery took place, there was diarrhœa in seven and constipation in eight.

In giving antipyrin the method of Filehne, of Erlangen, was, as a rule, adopted: 75 grains of it being divided into two doses of 30 and one of 15 grains, and the doses given at intervals of one hour. It was seldom found necessary to give more than 150 grains during the twenty-four hours in order to maintain the temperature at an average of from two to three degrees lower than would have been expected if no antipyretic agent had been employed. In all cases antipyrin had the effect of reducing the temperature; but in one instance it was found necessary to administer it hypodermically in order to obtain the desired results. One of the most noticeable effects of the drug was the rapid cleaning up of the tongue under its use; and it also acted very happily in quieting nervous symptoms, depression of spirits being noted after it in only one case. In six cases it caused profuse diaphoresis and in six an erythematous rash resembling measles, but the latter occasioned the patients no annoyance. The most marked fall in temperature noted under its use was from 103°.8 to 98°.

In three cases the antipyretic effect of cold baths and antipyrin was directly contrasted. In the first case, it was impossible to reduce the temperature below 104°.3 by means of surface refrigeration; but antipyrin promptly brought it down to 102.2. In the second, the lowest point reached under the use of baths was 102°.4, while under antipyrin it fell to 101°.2. In the third, however, the difference was not so striking. On the whole, Dr. Draper said, his observations had been altogether confirmatory of those made by European physicians in regard to the apparent value of antipyrin. At present it could only be commended as a new and probably safe agent for the reduction of temperature. It did not cure febrile diseases, but it enabled us to control a symptom which caused the greatest amount of discomfort and not infrequently endangered the life of the patient. Antipyrin was not an antipyretic in the same sense that quinine and the salicylates were. These agents were ideal antipyretics in the class of cases where they were specially indicated; while antipyrin smothered, but did not extinguish, the fires of fever. In some cases the latter actually caused a temperature as low as that met with in collapse, though with a total lack of the depression and other grave symptoms characteristic of this condition. As to the *modus operandi* of the remedy, the vomiting, sweating and collapse-temperature produced by it seemed to indicate that its special effect was upon the nervous centres; but at present, Dr. Draper thought, any such hypothesis as to its action was simply conjecture.

Dr. Weber, one of the leading German practitioners of the city, said that he had commenced to try antipyrin about the middle of December last, and that he had employed it thus far in fifteen cases. None of these were of typhoid fever; but there were cases of pneumonia, bronchitis and scarlet fever, with high temperature, and in not a single instance had he been disappointed by its failure to reduce the latter. He then referred to three of the cases as illustration of his experience with the remedy. The first was that of a child, four years and six months of age, suffering from double pneumonia, with a temperature of 105.°5 and violent delirium. He ordered half a gramme of antipyrin to be given *per rectum*, and that it should

be repeated in half an hour. In a short time the temperature was reduced several degrees and the delirium entirely disappeared. The next day he gave two doses, of half the quantity, by the mouth, and, resolution then occurring, there was no necessity for continuing its administration. The next case was one of scarlet fever in a child two years and six months old. Before the antipyrin was taken the temperature was 105°, and in this instance he followed a plan of giving it which, as he had recently seen, had now been adopted at the Dresden City Hospital. This was to use it in smaller doses, and to repeat them every two or three hours through the day, according to the necessities of the case. The last case was that of a lady, 43 years of age, with pneumonia and pleurisy. The patient did perfectly well for the first two days; but on the third he found her with a temperature of 104°, a dusky countenance and a generally adynamic condition. He ordered three doses of antipyrin, of 20 grains each, to be given at 1, 2 and 3 o'clock respectively, and the temperature was soon reduced to 100.°5, after which it never rose above 101°.5. Dr. Weber thought it was well, as a rule, to begin with small doses, and afterward increase the quantity, if it were necessary. In this way it would be possible to avoid the too rapid, and perhaps dangerous, fall of temperature which was sometimes caused by it. At the Dresden City Hospital there had been six cases in which it was actually reduced to 92° or 93° by it.

Dr. Kinnicutt said that he had used antipyrin to a considerable extent both at St. Luke's Hospital and in his private practice, and that the effects which he had observed were almost exactly similar to those noted by Dr. Draper. Among the cases in which he had employed it were facial erysipelas, scarlet fever, pneumonia, pleurisy, phthisis and intermittent fever. In his experience gastric disturbance was exceptional, and he said he had been particularly pleased with the certainty of the action of antipyrin in controlling the usual afternoon rise of temperature in phthisis. In this affection it had been maintained that it was contraindicated on account of its liability to produce diaphoresis; but in his cases he had found that sweating was as frequently absent as present. In one case only had he noticed a chill occurring with the rise in temperature after the effect of the drug had passed off, as was frequently seen when kairin was used. There was one of his cases of pneumonia in which a temperature of collapse (but without any other serious symptom) was produced by twenty grains of antipyrin. The patient expressed herself as feeling greatly relieved, and her general condition remained entirely satisfactory.

Dr. Peabody, who was perhaps the first physician in New York to make trial of antipyrin, stated that he thought that the lack of effect from the drug which had been sometimes noted of late might probably be explained by a fact which he had recently seen mentioned in the German journals, viz.: that it was now largely adulterated. In his own earlier experiments he had never failed to produce rapid reduction of temperature in any case in which he employed antipyrin; but during the last six weeks he had more than once been disappointed in finding the remedy apparently inert. Thus, in the case of a negro now under treatment at the New York Hospital, who had a temperature ranging from 103 to 106, for the past two days he had administered seventy-five grains of antipyrin a day, in three doses, but without affecting the temperature the fraction of a degree.

Antipyrin, he thought, was a safe remedy, and he had never seen it at all reduce the force of the heart's action. It might be of interest to many practitioners to know that it could be given hypodermically with great facility, the drug being readily soluble in hot water and not crystallizing again, while it was not at all likely to produce unpleasant local effects. Hence, in any case in which vomiting, or other disturbance, was produced by giving it by the stomach, the hypodermic method could be substituted for this with advantage. He had personally tested antipyn in almost all of the ordinary febrile diseases; and in one case of typhoid fever where no effect whatever was produced by a thorough trial of cold bathing, the temperature was promptly reduced by it. The patient in this instance was a very fleshy young woman, upon whose body there was such a thick layer of adipose tissue that it seemed to prevent cooling of the external surface from affecting in the slightest degree the temperature of the interior of the system. Before antipyrin was resorted to she had a temperature of 105°, with a marked degree of mental hibetude, but under the use of this drug the temperature was quickly brought down, and the sensorium at once cleared up.

Dr. Draper made a few remarks at the close of the discussion. In some instances, he said, he had himself adopted a plan of administration similar to that suggested by Dr. Weber, and in one case he found that the use of 20 grains of antipyrin twice a day added very greatly to the welfare and comfort of the patient. All that we could say in regard to this remedy at present was, that it afforded a very efficient means of treating a symptom. But this was a symptom which was often one of the greatest importance, particularly in typhoid fever, where the long continuance of an extreme degree of time practice was in itself an element of no little danger. By keeping this under control, therefore, the patient's lip might sometimes be saved. P. B. P.

THE CLEANLINESS THAT MAY BE AKIN TO GODLINESS WHEN APPLIED TO SURGICAL INSTRUMENTS.

In the olden time of the blue laws, and anterior to the era of divorces, the excellent Connecticut divines were in the habit of advising the young men of their flocks to "get a good wife; keep her, and keep her good." The same advice, given in regard to surgical instruments, might well be imparted to our young medical men who are purchasing their armamentarium. The matter of getting good instruments is very easy in our day, when the instrument makers are men of science and ability, and their number is close upon legion; but the matter of keeping a good instrument in good order is not always so easy. Our grandfathers took the same

care of their instruments as they did of their wives, for both were plain and apt to be good-tempered, and the old doctor's saddle-bags contained about as many instruments as his wife had accomplishments. Grandma'am could sew, knit, spin, and keep house; and in the bags were the syringe, lancets, dental forceps, and splints. Nowadays, when feminine accomplishments are many and wonderful, it is not always an easy task to keep them in order; and so of the thousand and one instruments. What is worth buying is worth keeping, and even if there is money enough in a physician's pocket to replace an instrument, when it gets rusty or tarnished, with a new one, nevertheless there are no medical men who can afford to let an instrument be ruined by aught else than actual wear. But extravagance rules in our day; and while we occasionally see an old practitioner's steel as bright as a mirror, not a few of our younger men show cabinets of tarnished instruments, and are in frequent communication with the manufacturers. Now, these things should not be. As was said about wives—let good instruments be purchased; let no flirtations with other makes occur; let the armamentarium be kept, and, moreover, let it be kept well.

Of course, the paramount question is as to how this last point is to be secured, and assuredly nothing in the same connection can be more important. It is not strange to hear it said that perfect preservation is impossible, and that the steel and nickel, silver and gold are of poor quality. This last may sometimes be true, but it must be admitted that there is really very little poor material used. The fault is not the maker's. If one buys a good instrument, that is good when bought, good it is, and good it will be, if it is properly taken care of.

My method may not be so good as that of some others, but permit me to say that it has proved perfect in my hands, and with such a commendation is worth describing for its simplicity if for no other reason. When I graduated and began practice I found that I was not to have time to use the chamois skin very often, and active practice has proved this true. Something else had to be done, and by some happy chance I hit upon it and have followed it ever since. I simply use a well known laundry article called "pearline" and sweet oil. Whenever an instrument is used it is washed as soon as possible in tepid water, to which the pearline is added, a tablespoonful to a pint. The washing removes all foreign matter, and the instrument is at once dried with a soft towel and then dipped in the oil. The process is not complicated at all, and the result is that instruments that came out of the shop in 1875 are in as good trim as ever—bright, clean, and without a blemish. Let me recommend this treatment to all who want to keep their instruments looking well and in a serviceable condition. Pearline is kept by all grocers, and the oil is always in every well regulated physician's closet, and between the two articles and a good towel there is no reason why we cannot be proud of the looks of our instruments every time we have to use them. W. H. M.

WESTFIELD, N. J.

A PECULIAR SYMPTOM IN TRICHINOSIS.

EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Dear Sir:—I desire to call the attention of the profession to a symptom or condition which I have noticed very prominently in two cases of trichinosis, and which was present in two other cases, though not so prominent as in the first two, or so evident that I would have observed it had I not looked for it.

This condition was a yellowish color in one case, and a brownish yellow color in the other three, extending over the hands and wrists and up the forearms over both flexor and extensor surfaces. The skin elsewhere was clear, and the conjunctiva showed no signs of jaundice. My attention was first called to it by one of the patients on whom it was present; afterward, upon examination, it was found on all four, occurring, as near as could be ascertained, about the seventh day of the disease.

So far as I am aware this coloration of the skin has not been mentioned in the clinical history of any disease; and if, upon further inquiry, it should be found present in a large percentage of cases of trichinosis, it seems that it should be looked upon as a diagnostic symptom. Of the above cases two died, and pieces of muscle from each showed the trichina spiralis in large numbers. This peculiar color was much more marked in the two fatal cases than on the other two. The family in which these cases occurred consisted of ten members, all of whom ate of the pork cooked, after which, at the same meal, six ate some of the raw pork. Of the six, all were affected with trichinosis; two, one of whom died, were taken sick at the end of a week, while the other four were seized a week later, and one of this number died. Of the four, two received gr. xx of calomel early in the course of the disease; it acted promptly as a cathartic and emetic, and they made a rapid recovery. No color was seen on the hands of these two, as in the case of those who were sick for a week and longer. All the symptoms given by writers as occurring in trichinosis were present in these cases to such an extent as to render a diagnosis comparatively easy, but my diagnosis was doubted until the microscopist confirmed it by discovering the trichinæ.

E. S. RICHARDSON, M.D.

REED CITY, MICH., March 26, 1884.

PLACEBOES.

EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

Please do me the kindness to insert in your journal the following, which is a copy of a letter just mailed by me to the gentleman mentioned in it, and oblige

Yours, etc.,

D. W. CATHELL, M.D.,
Author of "The Physician Himself."

BALTIMORE, April 2, 1885.

J. B. Murdoch, M.D., Pittsburgh, Pa.:

DEAR DOCTOR:—My attention has been called to your criticism of my little book in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION of March 28.

Upon reading it, I see at once that you proceed under a misapprehension. The book, you will remember, is not a work on the treatment of disease, but upon human nature as the physician encounters it.

Its paramount subject is, how to deal with people for their good, as well as ours, and proceeds on the patent fact that we are to treat the whole individual, and occasionally even his whole family, and not alone his gross physical ailments.

Like every intelligent physician, you of course treat the state of mind of your patient by moral means, as well as the state of the body by drugs; and if you or I do not pay some respect to his vagaries, if he happens to possess them, he is very apt to go to some one who will. It is true that in doing so you subserve your commercial interests; but primarily you relieve your patient, who comes to you for relief.

It is true that many persons can be relieved by the simple assurance that their ailment is only imaginary; but it is equally true that with a few others we must adopt a different method. For instance: I was recently called upon to treat Willie Brown, a stout twelve-year-old boy, one of whose companions had died of traumatic tetanus. This patient had become so overshadowed with a dread of that disease, that he was abstracted from everything that formerly occupied him, had become wholly unable to study his lessons, had quit school and spent most of his time in thinking and talking about that affection, and was in constant fear that he might get a scratch or wound and—lockjaw.

His family and friends had exhausted their arguments and assurances before I saw him, and I soon found that mine were equally unavailing, the patient continuing to weep and grow worse. Finally his father, an intelligent gentleman, suggested that I give him something or another that he would regard as a preventive of the disease.

I presented to him thirty or forty of the very globules referred to in the criticism (mint water or anything else would have answered equally well), with instructions to swallow one at exactly 8 o'clock morning and evening. His mind was at once relieved, and before all were taken his thoughts had turned to other subjects.

Now, I confess that I know of no other way to reach such a case than by something to assure and satisfy, and whatever is used I would call a placebo.

I trust that on re-reading the paragraph, and others bearing on it, and a comparison with your own experience, you will see as I do; if not, I shall be pleased to be informed more fully on the subject. It is but an application of the principle enunciated by St. Paul, "Be ye all things to all men," etc.

My aim in writing the work was simply to afford legitimate aid to such of my professional brethren as might feel deficient in the matters on which it treats, and not in any way to lend aid to charlatanism, to which I intended every paragraph in the work to breathe uncompromising opposition.

Yours with sincerity and respect,

D. W. CATHELL, M.D.,
Author of "The Physician Himself."

2 N. Broadway, Baltimore, Md.

BOOK REVIEWS.

INSOMNIA, AND OTHER DISORDERS OF SLEEP. By HENRY M. LYMAN, A.M., M.D., Professor of Physiology and Diseases of the Nervous System in Rush Medical College; Professor of the Theory and Practice of Medicine in the Woman's Medical College, and Physician to the Presbyterian Hospital, Chicago, Ill. Small 8vo, pp. x, 239. Chicago: W. T. Keener, 1885.

This little book consists of seven chapters, the subjects of which are as follows: The Nature and Causes of Sleep; Insomnia, or Wakefulness; Remedies for Insomnia; Treatment of Insomnia in particular Diseases; Dreams; Somnambulism; Artificial Somnambulism or Hypnotism. Passing over the first and second chapters, which are highly interesting, we come to the third, on the remedies for insomnia. In a quite formidable list of nervous stimulants which may be employed for inducing sleep, we find baths and food; these, in our opinion, are the chief remedies upon which to rely for a successful treatment of insomnia. The author seems to prefer a warm bath. The great objection to the warm bath on going to bed is the extreme liability to take cold after its use, which does not obtain in the case of the cold bath. Besides this, the cold bath need not be complete; cold water may be applied to the face and back of the neck, or it may be used on these parts and the upper part of the body. The idea that washing the face in cold water will produce wakefulness is an old woman's story, as any sleepy-headed schoolboy will testify; it will produce a seeming wakefulness for a few minutes, but the tendency to sleep is thereafter stronger than before.

As regards the use of food, the author says: "In a considerable number of cases of insomnia, its cause lies in an irritable weakness of the nervous tissues. Exhausted by overwork or debilitated by the loss of blood, or half-starved during the course of a long illness like typhoid fever, a condition of wakefulness may be established which will add to the dangers experienced by the patient. . . . The most important remedy for such distress is found in food. This must be soluble, diffusible, stimulant and nutritive. Milk, alcohol, eggs, and meat juice, are the typical representatives of such food." The writer of this review has had considerable experience in the treatment of insomnia from long hours of night work; not what may properly be termed "overworked," but due to such long hours of mental activity as may be seen in the cases of good students and, notably, night workers on daily newspapers. For the first class, the light diet at bedtime seems to be best; for it will be found that the majority of students who are troubled with insomnia are dyspeptic. In many cases, however, it will be found that the dyspepsia arises from insufficient quantity of food, and a gradual increase in the quantity, with a corresponding increase in the solids and a decrease in the liquid elements, will often cause both the dyspepsia and the insomnia to disappear.

In the case of, say, nightmen on a daily newspaper,

who take the evening meal at six o'clock, and then work from eight until two A.M., the writer has seen many cases of insomnia among these men, but as a rule there are but few cases of dyspepsia, unless the insomnia has existed for a considerable time; which is circumstantial evidence that the dyspepsia is more an effect than a cause. Within the past ten months the writer has been consulted by seventeen newspaper men for the treatment of more or less inability to sleep. In every case, without exception, it was found that the evening hours of work were from half-past seven or eight until from half-past one to half-past three o'clock, after which the sufferer would retire as soon as he reached his room, without eating. In every case the treatment was: eat before going to bed; eat what you wish, and as much as you want; take a glass of milk, beer, ale, or whatever you desire. Then bathe the face, neck and chest, or the whole body if it be desirable, in cold water preferably; take five minutes' exercise, and go to bed. Each one of these patients reported that the treatment was a success from the first. Some of them supped lightly, others ate very heartily. The menu for one of the latter class consisted of half-a-dozen fried oysters, a piece of cold beef, two eggs on toast, two glasses of mild or a bottle of ale, or in place of the cold beef and eggs, a large welsh rarebit; when very hungry he ate two rarebits. This may seem like carrying the thing too far; but it should be remembered these men arise late in the day, and very often eat only two meals; it should be further remembered that a man who is hungry should eat. While, therefore, Prof. Lyman's remarks as to the value of soluble foods, meat-juice and the like are very true in cases of sickness, or for invalids, those who are able to extract the juices of food for themselves without having it half digested for them by artificial processes should be encouraged to do so.

Dr. Lyman has written a very interesting and practical little book, and one which contains a great deal of information on a subject to which very little attention is given. And after having enjoyed the reading of it, we can but wish it all success. It is gotten up in a neat and attractive style, and is completed by a copious index.

INSANITY AND ALLIED NEUROSES; PRACTICAL AND CLINICAL. By GEORGE H. SAVAGE, M.D., M.R.C.P., Physician and Superintendent of Bethlehem Royal Hospital; Lecturer on Mental Disease at Guy's Hospital, etc., with 19 illustrations. Small 8vo, pp. vi, 544. Philadelphia: Henry C. Lea's Son & Co. 1884. Chicago: Jansen, McClurg & Co.

This book is one of a series of Clinical Manuals issued by the publishers during the past year. Dr. Savage very modestly apologizes for the appearance of the work (though those who know his reputation will feel that no apology is needed) by stating that those who have been engaged for years in the culture of any branch of science, and in the imparting of its data to others, finally arrive at a time when the facts observed seem to demand some permanent registration. Had the profession been called upon to decide, it would have said that his time for registration had arrived some years ago; for, as is quite well known, he has had more than twelve years' experience in Bethlehem Hospital.

The greater part of this book, he tells us, is the result of his personal experience, but as idiocy, epilepsy, and chronic mental disorders are not treated in the hospital with which he is connected, he has drawn upon the experience of others in treating of them.

The book is written in a clear, concise style; the author does not wander from his subject; his use of his mother-tongue is unexceptional; the presswork is excellent; and further comment from us is unnecessary, for Dr. Savage is too well known as a good worker in his special field to need commendation, or to be affected by criticism.

ASSOCIATION ITEMS.

WOOSTER, O., April 7, 1885.

EDITOR JOURNAL AMERICAN MEDICAL ASSOCIATION:

Please announce, for the benefit of delegates to the American Medical Association and their friends, that the Cleveland Mt. V. & P. H. route will run a through train to New Orleans over the Louisville & Nashville railway for accommodation of physicians and their friends, leaving Cleveland on Thursday, April 23, at 8 P.M., arriving in New Orleans on Saturday the 25th, at 7:30 P.M. The fare for round trip from Cleveland, for forty days limit, $30, Orrville, for forty days limit, $29.70. A rebate of $5 will be paid on these rates by selling agent if returning in twenty days. Any desiring to take advantage of this opportunity will please address

DR. H. A. HART, Wooster, O.

MISCELLANEOUS.

INTERNATIONAL MEDICAL CONGRESS.

NINTH SESSION, TO BE HELD IN WASHINGTON, D. C., IN 1887.—The following rules and provisional lists of officers of the Ninth International Medical Congress, to be held in Washington in 1887, are published by order of the executive committee.

JOHN S. BILLINGS,
Secretary-General.

WASHINGTON, D. C.,
March 24, 1885.

RULES.—1. The congress will be composed of members of the regular medical profession, and of such persons as may be specially designated by the executive committee, who shall have inscribed their names on the register of the congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the congress shall be appointed by the American Medical Association, by regularly organized state and local medical societies, and also by such general organizations relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynæcological, Ophthal-

mological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association; each of the foregoing societies being entitled to appoint one delegate for every ten of their members.

The members of all special and subordinate committees, appointed by the general committee, shall also be entitled to membership in the congress.

All societies entitled to representation are requested to elect their delegates at their last regular meeting preceding the meeting of the congress, and to furnish the secretary-general with a certified list of the delegates so appointed.

2. The work of the congress is divided into nineteen sections, as follows, viz.: 1. Medical Education, Legislation, and Registration, including methods of teaching, and buildings, apparatus, etc., connected therewith. 2. Anatomy. 3. Physiology. 4. Pathology. 5. Medicine. 6. Surgery. 7. Obstetrics. 8. Gynæcology. 9. Ophthalmology. 10. Otology. 11. Dermatology and Syphilis. 12. Nervous diseases and Psychiatry. 13. Laryngology. 14. Public and International Hygiene. 15. Collective Investigation, Nomenclature, and Vital Statistics. 16. Military and Naval Surgery and Medicine. 17. Practical and Experimental Therapeutics. 18. Diseases of Children. 19. Dental and Oral Surgery.

3. The general meetings will be reserved for the transaction of the general business of the congress, and for addresses or communications of scientific interest more general than those given in the sections.

4. Questions which have been agreed upon for discussion in the sections shall be introduced by members previously nominated by the officers of the section. The members who open discussions shall present in advance a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any of the sections, together with abstracts of the same, must be sent to the secretary of that section before April 30, 1887. These abstracts will be regarded as confidential communications, and will not be published until the meeting of the congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various sections will be received. Any member, after April 30, wishing to bring forward a subject not upon the programme, must give notice of his intention to the secretary-general at least twenty-one days before the opening of the congress. The officers of each section shall decide as to the acceptance of any communication offered to their section, and shall fix the time of its presentation. No communication will be received which has been already published or read before a society.

6. All addresses and papers, read either at general meetings or in the sections, are to be immediately handed to the secretaries. The executive committee, after the conclusion of the congress, shall proceed with the publication of the transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French and German.

In the sections no speaker will be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The rules, programmes and abstracts of papers will be published in English, French and German.

Each paper or address will appear in the transactions in the language in which it was delivered by the author. The debates will be printed in English.

9. The officers of the general committee on organization are a president, such number of vice-presidents as may hereafter be determined on, a secretary-general, and a treasurer, and those elected to these positions will be nominated by the general committee to hold the same offices in the congress. All vacancies in these offices shall be filled by election. Honorary presidents of the congress and of the several sections may be appointed at the meeting of the congress.

10. There shall be an executive committee, to be composed of the president, secretary-general, and treasurer of the general committee, the chairman of the finance committee, and of four other members to be elected by the general committee. The duties of the executive committee shall be to carry out the directions of the general committee, to authorize such expenditures as may be necessary, and to act for the general committee during the intervals of its sessions, reporting such action at the next meeting of the general committee.

11. There shall be a standing committee on finance, composed of such number of persons as the executive committee may deem expedient, to be appointed by the president, subject to the approval of the executive committee. The chairman of the finance committee shall be *ex officio* one of the vice-presidents of the congress, and also a member of the general and executive committees. The treasurer shall be *ex officio* a member of the finance committee.

12. Presidents of the sections shall be *ex officio* members of the general committee.

13. The committee on organization of each section shall be composed of a president, such number of vice-presidents as may be deemed expedient, of one or more secretaries, and of members forming a council.

PRELIMINARY ORGANIZATION.

President.—Austin Flint, Sr., M.D., New York.

Vice-Presidents.—Henry I. Bowditch, M.D., Boston; Henry F. Campbell, M.D., Augusta, Ga.; Nathan S. Davis, M.D., LL.D., Chicago; R. Palmer Howard, M.D., Montreal; Levi C. Lane, M.D., San Francisco; Tobias G. Richardson, M.D., New Orleans; Alfred Stillé, M.D., LL.D., Philadelphia; the Chairman of the Committee on Finance; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy.

Secretary-General.—John S. Billings, M.D., LL.D., U. S. A., Washington.

Treasurer.—John Mills Browne, M.D., U. S. N., Washington.

General Committee.—Robert Battey, M.D., Rome,

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SECTION 13.—LARYNGOLOGY. *President.*—George M. Lefferts, M.D., New York. *Vice-President.*—Frederick I. Knight, M.D., Boston. *Secretary.*—D. Bryson Delavan, M.D., New York. *Council.*—F. H. Bosworth, M.D., New York; William H. Daly, M.D., Pittsburg; E. Fletcher Ingals, M.D., Chicago; J. N. Mackenzie, M.D., Baltimore; George W. Major, M.D., Montreal; E. Carroll Morgan, M.D., Washington; William Porter, M.D., St. Louis; E. L. Shurley, M.D., Detroit, Mich.

SECTION 14.—PUBLIC AND INTERNATIONAL HYGIENE. *President.*—Hosmer A. Johnson, M.D., LL.D., Chicago. *Vice-Presidents.*—Ezra M. Hunt, M.D., Trenton, N. J.; John Berrien Lindsley, M.D., LL.D., Nashville; James E. Reeves, M.D., Wheeling, W. Va.; secretary to be announced hereafter. *Council.*—Henry B. Baker, M.D., Lansing, Mich.; Alfred L. Carroll, M.D., Albany, N. Y.; Granville P. Conn, M.D., Concord, N. H.; William H. Ford, M.D., Philadelphia; Daniel W. Hand, M.D., St. Paul; Jerome H. Kidder, M.D., Washington; Charles A. Lindsley, M.D., New Haven, Conn.; J. N. McCormick, M.D., Bowling Green, Ky.; J. H. Rauch, M.D., Springfield, Ill.; Joseph H. Raymond, M.D., Brooklyn, N. Y.; Joseph R. Smith, M.D., U. S. Army; Stephen Smith, M.D., New York; S. O. Vanderpoel, M.D., LL.D., New York; H. P. Wolcott, M.D., Cambridge, Mass.

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SECTION 17.—PRACTICAL AND EXPERIMENTAL THERAPEUTICS. *President.*—Horatio C. Wood, M.D., Philadelphia. *Vice-Presidents.*—Robert T. Edes, M.D., Boston; F. Peyre Porcher, M.D., Charleston, S. C. *Secretaries.*—Edward T. Reichert,

M.D., Philadelphia; Robert Meade Smith, M.D., Philadelphia. *Council.*—Robert Amory, M.D., Boston; Edward Curtis, M.D., New York; Lawrence Johnson, M.D., New York; Henry M. Lyman, M.D., Chicago; Samuel Nickels, M.D., Cincinnati; Isaac Ott, M.D., Easton, Pa.; Daniel Webster Prentiss, M.D., Washington; Charles Rice, M.D., New York; Charles H. White, M.D., U. S. Navy; Thomas F. Wood, M.D., Wilmington, N. C.

SECTION 18.—DISEASES OF CHILDREN. *President.*—Abraham Jacobi, M.D., New York. *Vice-Presidents.*—Samuel C. Busey, M.D., Washington; J. Lewis Smith, M.D., New York. *Secretary.*—Thomas M. Rotch, M.D., Boston. *Council.*—F. Forchheimer, M.D., Cincinnati; John M. Keating, M.D., Philadelphia; William Lee, M.D., Baltimore; John H. Pope, M.D., Marshall, Texas; John H. Ripley, M.D., New York.

SECTION 19.—DENTAL AND ORAL SURGERY. *President.*—Jonathan Taft, M.D., Cincinnati. *Vice-Presidents.*—W. W. Allport, M.D., Chicago; William H. Dwinelle, M.D., New York; Jacob L. Williams, M.D., Boston. *Secretaries.*—Edward A. Bogue, M.D., New York; George H. Cushing, M.D., Chicago. *Council.*—W. C. Barrett, M.D., Buffalo; Thomas Fillebrown, M.D., Boston; F. J. S. Gorgas, M.D., Baltimore; Edward Maynard, M.D., Washington; H. J. McKellops, D.D.S., St. Louis; W. H. Morgan, M.D., Nashville; C. Newlin Peirce, D.D.S., Philadelphia; L. D. Shepard, D.D.S., Boston; James Truman, D.D.S., Philadelphia; J. W. White, M.D., Philadelphia.

A SUIT FOR MALPRACTICE.—The details of a curious case comes to us through the columns of the *Southern Dental Journal* as occurring at Salisbury, N. C., and reported by J. F. Griffith, D.D.S.

It seems that an old-country physician engaged the services of an itinerant dentist who extracted sixteen teeth from the mouth of his daughter-in-law. The operation was followed by unusual hæmorrhage, and the dentist recommended the use of alum, and had heard that wheat bran packed in the socket was very efficacious. The latter was the treatment persued; it produced excessive inflammation. The father-in-law, *i.e.*, the old-country physician, being called, who, although not a regular physician, was a cold-water doctor, wrapped the patient from head to foot with sheets and blankets wet with cold water, placed a basin of steaming hot water under her, and administered a purgative. The patient growing worse, another doctor was called, who pronounced the case one of blood poisoning and produced by the use of the bran. The woman died and her husband sued his father for malpractice. One point insisted upon was, that the old man has been practicing physic thirty years, and although not a graduate, nor had he ever attended a medical college, yet he was recognized as a physician, and was so called when addressed, or spoken of by people residing in his community; furthermore that he invariably took his saddle-bags along, containing medicine, whenever he visited his daughter-in-law during her illness. The counsel for the defendant set up the plea that the defendant had made no charges for his services, being interested only from a family standpoint; that he merely suggested and assisted in administering to his daughter-in-law such remedies as in his judgment would meet the requirements of the case.

The judge in his charge to the jury stated that the law presumed that whoever entered upon the practice of any profession, the same was qualified to pursue it intelligently in its various channels; and if from the testimony they were satisfied that the father attended his daughter-in-law during her sickness in the capacity of a physician, and that his negligent or unskillful treatment caused the death of the patient, then they should bring in a verdict of guilty. The jury were out but a short time, returning a verdict of guilty, and placing the damages at twenty-five thousand dollars. An appeal was taken.

A NEW BILL FOR THE PROTECTION OF PUBLIC HEALTH.—Dr. Cartwright, of Delaware county, N. Y., has prepared a bill, which has passed the New York Assembly, for the purpose of adding safeguards against the introduction of cholera. The main features of the bill are indicated in sections 1 and 6, which are as follows. It will be seen that these provide that all vessels bring a bill of health from all the ports at which they have stopped.

Section 1. It shall be the duty of the health officer at the several ports of entry within the State of New York, to require the masters of all merchant ships and vessels arriving at said ports from any foreign port to present a bill of health, duly executed by the consul, vice-consul, or other consular officer of the United States, or by the medical officer attached to the United States Consulate by appointment of the United States Government, or the representative of the United States Government resident at said port of departure, which shall set forth the sanitary condition and history of said vessel; also the sanitary condition of the cargo and of the crew and passengers; also the sanitary condition of the food, water and ventilation of said vessel; the number of cases at such port of yellow fever, cholera, small-pox, typhus fever, relapsing fever, scarlatina, measles and diphtheria; the total number of deaths from each of these diseases, from all causes, the week preceding the date of said bill of health, as far as can be ascertained by the said consul, vice-consul, or other consular officer of the United States, or the medical officer attached to such consulate.

Section 6. The diseases against which maritime sanitary regulations at the port of New York shall apply are yellow fever, measles, cholera, typhus or ship fever, small-pox, scarlatina, diphtheria, relapsing fever, and any disease of a contagious, infectious or pestilential character which shall be considered by the health officer dangerous to the public health. And all such quarantinable diseases, except yellow fever, cholera, typhus fever and small-pox, shall be removed to the Emigration Hospital, Castle Garden, or Ward's Island.

Sections 4 and 5 provide for examination as to vaccination, and vaccination if necessary.—*The Medical Record*, April 4, 1885.

ENGLISH SURGEONS IN THE SOUDAN.—A medical correspondent, says the Maryland *Medical Journal*, writes as follows from the English headquarters in the Soudan: The hospitals are well supplied, the sick are well cared for, and the most captious critic can find no fault. Whether at professional duty or hauling a boat, or in desert marching, in mending a hospital bed, or in building a hospital-kitchen, from morning to night, all day and every day, we are all hard at work.

THE MEDICAL SOCIETY OF NORTH CAROLINA will hold its next annual meeting in Durham on May 19, 20 and 21. The Board of Medical Examiners will convene at the same place on Monday, May 18, and remain in session until all the candidates are examined. The State Board of Health will hold a general and conjoint session on Wednesday, May 20, at the same place.

THE STATE BOARD OF HEALTH OF MAINE.—The new State Board of Health, as appointed by Governor Robie, includes the following names: Frederick Gerrish, of Portland; Lewis Barker, of Bangor; Stephen J. Young, of Brunswick; O. A. Horr, of Lewiston; E. C. Jordan, of Portland, and J. O. Webster, of Augusta.

QUININE ADULTERATIONS IN NEW YORK.—The Board of Health of the city of New York has recently arrested one druggist and reprimanded two, for selling adulterated quinine pills.

ANTIVIVISECTIONISTS IN ENGLAND.—The London correspondent of the New York *Medical Record* of April 4, says: The antivivisectionists sustained another defeat at Oxford on Tuesday last (March 10). The occasion was the bringing before the convention of a decree to grant £500 annually for the maintenance of the new physiological laboratories, which cost £10,000. The clerical party strained every nerve, but were outvoted.

PLEURO-PNEUMONIA IN MISSOURI.— A dispatch from St. Louis, Mo., of April 5, states that Governor Marmaduke and Congressman Bland have telegraphed the Hon. Norman J. Colman, commissioner of agriculture at Washington, calling his attention to the existence of pleuro-pneumonia in Callaway county, that state, and asking him for the prompt and vigorous use of all the power he possesses under acts of congress for the suppression of the disease.

AMERICAN ASSOCIATION OF MEDICAL EDITORS:

We are informed by the secretary, Dr. H. O. Walker, of Detroit, that the annual meeting of this association will be held on Monday evening, April 27, commencing at eight o'clock, in the city of New Orleans. Notice of the room will be given in due time. An address will be delivered by the president, H. O. Marcy, of Boston; and the subjects of medical legislation and education will be discussed by Drs. Daniel, of Texas; Shoemaker, of Pennsylvania; Conner, of Detroit, and others. A general attendance is requested.

INFECTIOUS DISEASES IN NEW YORK.—For the three months ending March 31, 1885, the summary of cases and deaths is as follows: Typhus fever, 31 cases, 1 death; typhoid fever, 111 cases, 40 deaths; scarlatina, 1,093 cases, 203 deaths; cerebro-spinal meningitis, 72 cases, 65 deaths; measles, 1,890 cases, 349 deaths; dyphtheria, 779 cases, 345 deaths.

THE INHALATION OF DEFIBRINATED BLOOD.—In view of the bad results which follow the ordinary methods of transfusion of blood, and of the great tolerance of the respiratory organs to foreign fluids, and the rapid absorption of the latter, Professor Fabrini, of Palermo, calls attention, in the *Centralblatt für die medicinische Wissenschaften*, No. 9, 1885, to what may be termed pulmonary transfusion. The fluid employed consists of twenty parts of bullock's blood, and eighty parts of a three-fourths per cent. watery solution of chloride of sodium, in which the red corpuscles preserve their normal properties for a long time. Inhalations of about three ounces and a half of the mixture, through the medium of an ordinary spray apparatus, do not excite coughing, nor do they bring about any perceptible alterations in the circulation, respiration, or the temperature, and auscultation shows that the mixture is rapidly absorbed.

Fabrini has resorted to this novel method of transfusion in cases of oligæmia with the best results, as indicated not only by the improvement in the general condiion of the patient, but also by the increase in the relative number of the red corpuscles, and in the quantity of hæmoglobin. These results are stated in a general way, and not supported by details of cases. Hence, more extended trials will have to determine the value of the method.—*Medical News*, April 4, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 28, 1885, TO APRIL 3, 1885.

Taylor, M. K., Major and Surgeon, granted leave of absence for one month, to take effect about April 15. (S. O. 46, Department of Missouri, March 21, 1885.)

Hall, Wm. R., Captain and Assistant Surgeon, granted leave of absence for one month and fifteen days, to take effect when his services can be spared. (S. O. 70, A. G. O., March 27, 1885.)

Gardiner, Jno. de B. W., Captain and Assistant Surgeon, ordered for temporary duty at Ft. McHenry, Md. (S. O. 64, Department of the East, March 28, 1885.)

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED APRIL 4, 1885.

Murray, R. D., Surgeon. Granted leave of absence for one week March 31, 1885.

Bratton, W. D., Assistant Surgeon. To proceed to New York, N. Y., for temporary duty, April 2, 1885.

Watkins, R. B., Assistant Surgeon. To proceed to New Orleans, La., for temporary duty, April 2, 1885.

APPOINTMENTS.

The following candidates having passed the examination required by the regulations, were appointed Assistant Sugeons by the Secretary of the Treasury April 1, 1885, viz.:

William D Bratton, M.D., of South Carolina, and Ralph B. Watkins, M.D., of Connecticut.